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STRATEGIES FOR OVERCOMING HUNGER: FROM GOALS TO IMPLEMENTATION

HEARING

BEFORE THE

SELECT COMMITTEE ON HUNGER
HOUSE OF REPRESENTATIVES

ONE HUNDRED FIRST CONGRESS

SECOND SESSION

HEARING HELD IN WASHINGTON, DC, SEPTEMBER 26, 1990

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STRATEGIES FOR OVERCOMING HUNGER: FROM GOALS TO IMPLEMENTATION

WEDNESDAY, SEPTEMBER 26, 1990

HOUSE OF REPRESENTATIVES,
SELECT COMMITTEE ON HUNGER,
Washington, DC.

The committee met, pursuant to notice, at 9:33 a.m., in room 2261, Rayburn House Office Building, Hon. Tony P. Hall [chairman] presiding.

Members present: Representatives Long and Penny.

OPENING STATEMENT OF HON. TONY P. HALL, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

Mr. HALL. Let's get started. Thank you all for coming. The Select Committee on Hunger has had many hearings since it was formed just a little bit over 6 years ago, and we have heard over the years about and have participated in the remarkable progress made by many of you, especially UNICEF, the World Health Organizations, private voluntary organizations, and A.I.D. in efforts to end hunger and save the lives of children and their mothers.

Today we want to look into the future and try to get a sense of what can be accomplished over the next decade. We will hear from experts from the World Health Organization and Brown University on the goals they think the world can reach. And we will hear from A.I.D. what they think the U.S. contribution should be toward ending unnecessary child suffering and death.

We will hear from the director of a prominent private voluntary organization how his PVO plans on helping people during the 1990's.

The Bellagio goals, which are eliminating famine deaths, ending hunger in half the poorest households, cutting malnutrition in half for mothers and small children, and eradicating vitamin A and iodine deficiencies, all by the end of this decade, could serve as a focus for U.S. development assistance.

The World Summit for Children will take place in New York in just a few days. The summit will certainly produce an expanded list of goals for the 1990's. Goals are important, but they only matter if they produce action, and it is my opinion that we have the strategies to meet the Bellagio and other goals over the next 10 years.

But what I'm not sure about, and the reason for this hearing today, is to find out if organizations like A.I.D. are planning to do

what they can to implement these strategies so these goals can become real.

I, and a number of my colleagues on the committee, have introduced the bill called the Universal Childhood Security Act. It provides for phased-in increases in A.I.D. programs for child survival and basic primary education. The bill makes clear that the purpose of increases in U.S. funding for these programs is to lead the other donors to increase their funding. If this happens, we can meet the Bellagio goals.

I have seen children die and many of you have, too, and nothing is worse. How much longer do we need to say that too many children in this world die from things like diarrhea, when an easy treatment would save these lives? And they can't go to a decent school for long enough to learn to how to read, write, and add.

I want to be able to stand up on the floor of the House in a few years and say that fewer children are dying, that fewer mothers are dying in childbirth, and I want to be able to say by the end of this decade that we are well on our way to ending this problem.

We have two posters that are set up on both sides of the room. The first lists the four Bellagio goals, over here. And we will focus on what needs to be done to implement goals two, three, and four during the course of this hearing.

The second, using information provided by one of our witnesses and information prepared for the Carter Presidential Center, gives estimates of how much it actually costs to implement these goals.

And finally, I'm informed that President Jimmy Carter will be submitting a statement for the record supporting the Bellagio goals. I hope we'll hear something similar from the Bush administration in a few minutes.

We will hear first from Brad Langmaid, Deputy Assistant Administrator, Bureau for Science and Technology at the Agency for International Development.

Mr. Langmaid, this committee has heard from you before, and we look forward to your testimony this morning. I would hope that you would summarize your prepared statement as all the witnesses would do. This is what we'd like, and we thank you very much for being here. We thank all of you.

And you may proceed.

[The prepared statement of Mr. Hall appears at the conclusion of the hearing, see p. 45.]

STATEMENT OF BRAD LANGMAID, DEPUTY ASSISTANT ADMINISTRATOR, BUREAU FOR SCIENCE AND TECHNOLOGY, ACCOMPANIED BY NORGE JEROME, DIRECTOR, OFFICE OF NUTRITION AND SAMUEL S. REA, DIRECTOR, OFFICE OF EDUCATION, U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

Mr. LANGMAID. Thank you, Mr. Chairman. May I introduce Dr. Norge Jerome? She is the director of our Office of Nutrition in A.I.D., and since much of the interest of this committee is in a number of nutrition issues, I asked her to come along with me.

Mr. HALL. Great.

Mr. LANGMAID. With the historic World Summit on Children only a few weeks away—a few days away at this point—it is a per-

fect opportunity to reflect on what has been accomplished and what is still left to be done.

Inasmuch as my longer statement has been submitted for the record, I'd like to open with only a few summary points.

Since the Child Survival Program was initiated in 1985, it has received outstanding support from the administration and from the Congress. In total, the Congress has provided over $1 billion for child survival activities and, importantly, a number of special personnel and other authorities, which have enabled us to have both the technical skills and the financial resources to do the job.

I believe these funds have been well spent. Progress is cited in a variety of presummit documents on increased immunization and oral rehydration coverage; and the reduction in infant morality rates is striking evidence of what the international effort can accomplish.

We have begun the process of evaluating in depth our experience with child survival. The evaluations of the Indonesian and Egypt programs have been completed, and several more will be finished by the end of the year. We expect to summarize the results of this evaluation process in our annual report to Congress next year.

The improvements in child survival indicators are themselves important accomplishments, but even more important is whether the infrastructure is now in place to continue these child survival activities on a sustainable basis.

We strongly support the Children's Summit. President Bush will attend and address the summit on Sunday. A.I.D. Administrator Roskens will chair a presummit meeting of the Tidewater group on Saturday. The summit declaration contains a 10-point program which we have committed ourselves to support. Its attached plan of action establishes seven goals for the survival, protection, and development of children by the year 2000.

The plan of action calls for concerted national action and international cooperation to strive for the achievement of these goals. We fully support this call and expect to be a leader in the effort.

Mr. Chairman, I would be glad to answer any questions you may have on the administration's program.

[The prepared statement of Mr. Langmaid appears at the conclusion of the hearing, see p. 47.]

Mr. HALL. In looking over your statement, I didn't see anything regarding the Universal Childhood Security Act, the bill that I introduced with some of my colleagues. I'd like to get any comments that you have on this bill, and what you think about it.

Mr. LANGMAID. I would be glad to, Mr. Chairman. I thought there was, in fact, a comment in there on the bill. I think the broad goals expressed in the bill are consistent with the kinds of programs we have been operating. The only specific comment I would make on the international section is, frankly, that we'd prefer a somewhat broader definition of education than primary education.

The Education for All Conference in Jomtien, as well as the summit documentation, talks much more broadly of basic education, including both primary education and functional literacy for adults. Literacy training is an important part of the program, and addresses a very important part of the problem. Maybe the bill's

sponsors did not intend to do so, but the definition in the bill is somewhat narrower than we use.

Mr. HALL. Your education director is here, as I understand?

Mr. LANGMAID. Yes.

Mr. HALL. Can he come up and maybe——

Mr. LANGMAID. Sure.

Mr. HALL [continuing]. Talk a little bit about what you're speaking about? First off, I want to tell you that the bill that is before you is an action plan for the summit on children. This bill is not written in concrete, and so we're open.

Mr. LANGMAID. I understand.

Mr. HALL. The funding is proper and it's what we believe, through the assistance of many experts, is what we're going to need to really reduce the tremendous number of deaths that are occurring in the world. But what you're saying about education, primary and basic, we're very open to hear. So I would be very happy to listen to what you have to say about it.

Mr. LANGMAID. This is Dr. Sam Rea, Director of the Office of Education.

Mr. REA. Thank you, Mr. Chairman. The language of the bill talks about basic primary education. Our preference, in line with both the Education for All Conference and the World Summit on Children, is to interpret basic education to include early childhood development, which would include preschool nutrition, health, and education, and a program on nonformal education for the hundreds of millions of adults and children with no access to primary schools.

Also we would include in the definition of basic education early secondary school preparation. Basic education takes a child from the ages of 2 or 3 to, perhaps, the age of 14. We interpret basic education to include what is necessary for the child's development, and also to include parents and communities, as well as the school systems and professional educators.

Mr. LANGMAID. Mr. Chairman, the summit plan of action has two provisions on education. They're very short; I'll read them for you.

Item 5 is: "Universal access to basic education and completion of primary education by at least 80 percent of the primary school age children."

Item 6 is: "Reduction of the adult illiteracy rate to at least half of its 1990 level. The appropriate age group to be determined in each country, with emphasis on female literacy."

I mention these only because these are two goals which we have accepted as part of the summit documentation. And, frankly, it is more productive to try to reach a consensus on a series of goals than to be debating the fine tuning at the edges of the goals. We interpreted the language in your legislation to be somewhat more narrow than these broad goals.

Mr. HALL. When you talk about goals, I'd also like to hear you talk about the funding and the commitment of A.I.D. toward really meeting these goals. Are you committed to really funding the goals of the Bellagio agreement, the actual numbers that are in the bill that I've introduced, and the numbers that people have talked about? Is A.I.D. committed to it?

Mr. LANGMAID. It's impossible for me, Mr. Chairman, to speak in terms of what future A.I.D. appropriations will be. We have been striving since the start of the program to meet the level set forth in the congressional legislation for child survival, broadly defined, and we have met the targets for basic education that have been laid for us in the legislation.

Clearly, some of these programs require additional effort. And will there be resources? Yes, I would emphasize, particularly in the education area, but it's also true in other aspects of child survival. The key benefit of the Jomtien discussions was a sense of global union around a set of basic education objectives.

The role that the NGO's, national governments, and donors played, in coming together around a set of national plans which, when developed, the donor community commits itself to support, frankly, puts basic education far ahead of where it was 3 or 4 years ago.

It's that collaboration with the leadership of UNICEF, UNESCO, and the World Bank—which continues even after the Jomtien meetings are over and which we've pledged to support—which we think is going to be more important, frankly, than marginal increases in the goals.

We don't see ourselves being a funder of the same dimension as the international organizations in basic education. We do see ourselves as being a technical leader in that area, and as having provided that kind of leadership to date.

Mr. HALL. Well, I appreciate any written comments you have on that, especially the education part.

Mr. LANGMAID. Thank you; A.I.D. will provide those comments.

Mr. HALL. I think one of the reasons for the committee hearing today is to push A.I.D. into thinking about the future. I mean I know there is thinking. I know there are many papers. I know there's a lot of rhetoric on it. But of all the groups in the Government that can aid people, this is the only one that I know that can really answer many of the goals, not only of the bill that I've introduced, but the Bellagio goals, the goals of many private organizations, and what A.I.D. has agreed and committed itself to over the years.

And this committee, even though it's a Government committee, has to be an advocate. Because if we're not an advocate and we're just going to go along with what the Government wants to say and what everybody wants us to say, then we're not leading, we're not guiding, we're not being a part of the process to push the goals along. And I want A.I.D. to do this too.

I think A.I.D. has been very responsive over the past few years, but oftentimes, it takes another sector of the Government to push them a little bit, a Member of Congress, or a committee. And I want you to lead. I want A.I.D. to lead in the world. I want you to lead in the summit.

And you can only lead, of course, if the President wants to take the mantle and run with it. And if he wants to lead, he could get on the horn and start calling the world leaders, like he did for the Iraqi embargo, but this time for the world's children. Then we'd really have something relative to commitment and goals.

I want A.I.D. to do that. I mean, I know that you can only go so far. And you've used the words at the end of your testimony: "This understanding of the development process requires us to have more, not less, flexibility." And you have to be flexible in this job. I understand that.

We have a State Department that can be flexible. They have to be diplomatic. I, personally, want you to lead more. I'm not talking about you in particular. I'm talking about A.I.D. I want you to be out front. That is sometimes risky, but we need to take some chances. Sometimes you're going to need to step on toes. I realize that in some cases you're hindered because of the political process. But it shouldn't be that this committee or other committees have to push you to do this. What I am talking about, is what A.I.D. is supposed to be all about.

And I know there's some good people down there, wonderful people. But I want you out front. It would be nice to be able to read and to be part of a process where A.I.D. is proposing, advocating, way out in front of UNICEF and other countries of the world. That would be nice.

And then we'd have to respond to you. I'd like to read that. I'd like to be part of that. We can always disagree in committee hearings, et cetera, or in private, but I just really want to push you to start thinking about the future, thinking about funding in the future.

I realize that you can't go too far unless Congress gives you the money, and that's our fault if we don't. But you let us do that. We need for you to push us. Oftentimes in government, we don't like to rock the boat; we want to stay in the boat. When you stay in the boat you end up patting one another on the back all the time and being neutral.

And when you're neutral nothing happens. I don't want you to be neutral. And you've been on the forefront of many good things, especially in the last few years, it seems to me. But I'm going to push you to continue to be these. This is the job, really, of the committee.

But of all the groups in the Government that has the ability to lead in the world for poor people and children, it's A.I.D. I think this is your mandate.

I'm kind of making a speech this morning. I didn't mean to, but how do you react to what I'm saying?

Mr. LANGMAID. I wouldn't disagree, Mr. Chairman, with the thrust of what you're saying.

I think that you know, as I do, that we find ourselves frequently in situations where we're asked to lead in more areas than we have the resources and the capabilities to do.

Clearly, there is a strong interest and an appropriate interest in the Congress on environment and global warming issues. We're now being asked to move further in those directions.

Clearly, those trends should not divert attention from the child survival issues. We think we have to look increasingly at where the U.S. comparative advantage lies in the child survival area. We believe it is in the technical areas that we have important resources and expertise to contribute.

Accordingly, we have decided to give particular emphasis to measles, where there have been technological breakthroughs and where the level of child deaths remains among the highest of childhood illnesses. We have decided to emphasize improved vaccines for the major childhood diseases. Again, I think there is a strong U.S. comparative advantage in the development of vaccines.

I'm sure you've heard a number of reports on how many of the vaccines now in use haven't been improved for 10 or 15 years. Clearly, a lot of the technology, particularly the technology on immunology that's coming out of the AIDS and other biomedical research, will be terribly important in the development of new vaccines.

From my own observations, and you have more expert witnesses coming up after me, I would say that if we are saddled with the current kinds of vaccines which have to be given at three, four, and five different visits to a clinic by a mother with her child—and if we need a cold chain to preserve the vaccine—we will not accomplish the global immunization goals.

We will need significant vaccine improvements over the next 10 years to accomplish the goals for immunization. I think that is an area where we, working with the Department of Health and Human Services, and the World Health Organization, can give important leadership. That does not mean we're in any way going to slow down our effort on service delivery.

It wasn't too many years ago that A.I.D. was criticized for putting money into research, in view of so many unmet service delivery needs out there. We don't intend to ignore those service delivery needs. We are also particularly concerned with the importance of sustainability. It makes little sense to simply save one level, one cohort of children, if the next cohort can't be saved also.

And so the sustainability of these programs, rather than the proliferation of vertical attacks on individual diseases, is an important part of our strategy.

In terms of the future, we are already seeing an evolution in some of our programs. Several countries are now getting into ARI—acute respiratory infections—because the level of deaths from other causes has dropped dramatically, and the percentage of deaths from various kinds of childhood pneumonias is increasing. So we're seeing an evolutionary trend in our programs, and we expect that to continue as the new challenges arise.

Clearly, with a process of urbanization in many developing countries, the problems of disease transmission are even more acute. I suspect health improvements in urban slums would be an important part of our program in the future.

I do think we'll see, aside from some new science investments, essentially an evolutionary process, because, frankly, what we're doing in child survival is working well. I make no apologies for the progress that's been made by A.I.D. and other donors over the last 5 years. I think it's a remarkable accomplishment. And if we can sustain that effort, I think these goals can be met.

Mr. HALL. I don't disagree with what you said there. You've done a good job. I think you can do much better. I think you can be way out front. That's what I want you to do. And I think other Members of Congress on this committee feel the same way.

If you had to tell me or if somebody were to come up to you and say, "What's A.I.D.'s number? Let's say, what are the three top priorities as far as funding for the next 10 years?" What would you say right off the top of your head?

Mr. LANGMAID. For the next 10 years, it would be impossible to answer. For the next 5 years——

Mr. HALL. Give me the next 5 years.

Mr. LANGMAID. I think in the next 5 years there will clearly be an increased investment by the Agency in addressing environmental issues along with natural resources and global warming issues. I think there will be a continued high and probably increased investment in child survival, nutrition, and population issues. I think those core activities of human welfare will continue to have increasing attention, as will education.

Education is probably, relatively speaking, the lowest funded program of the ones I've been mentioning. And I think there's an awareness in the Agency that basic education, including adult literacy, has a fundamental impact, not only on maternal health and child health, but also on family planning programs and a range of productivity issues in the labor force.

Mr. HALL. How would you rank those? Would you say child survival is No. 1, education No. 2, environmental concerns No. 3?

Mr. LANGMAID. At this stage, I would probably put environmental concerns No. 1, and the human welfare concerns No. 2. Not that the environment is not a human welfare concern, but the combination of child survival and education, as it pertains to children and illiteracy—I can't distinguish those. To me, one has to look at those as a package of actions. I would not rank them.

Mr. HALL. Do you think among A.I.D.'s top people, your top people, that there is agreement on these priorities?

Mr. LANGMAID. I can speak only for what I've heard from the Administrator, and I think he is sympathetic to these priorities. I've heard him speak to the environmental issues, as well as the children's issues, and not surprisingly, given his background, he is very concerned about the education issues.

Mr. HALL. Well, it concerns me. I think in order for us to move and for A.I.D. to move as a team, our leaders have to be able to say right off the top, "These are the three or four things that we believe in. This is what we're committed to. This is what we're going to fund. We'll try to help on these other issues, but we've got to go ahead with this." But I don't get the impression that your leadership is, kind of, together on this.

Mr. LANGMAID. I don't mean to leave that impression, Mr. Chairman. The Administrator has recently issued a mission statement for the Agency. I apologize, I did not bring a copy with me. I would be glad to send a copy up to you.

It has, I believe, five priorities, one of which is this collection of activities. It also takes into account the political evolution in the world and the need to be able to respond appropriately to the democratic trends that are occurring. That is also an important part of our mission.

Mr. HALL. One of the programs that we talked about earlier or which this committee, from the start, has been very involved, is in the promotion of vitamin A as a part of the child survival activi-

ties. I would certainly consider this initiative. And we had to really push very hard for it. This committee pushed very hard.

At first, we couldn't get any help from the administration at all; none from A.I.D. It took Congress to push it. You know, that's an example of an issue that we felt was very important. There had been a lot of good reports out, a lot of research on it. And how do you feel about the vitamin A initiative now, and what is your commitment toward it?

Mr. LANGMAID. Let me make a brief, general comment and ask Dr. Jerome to comment further. She's much closer to it.

We have to make judgments and we may frequently be more conservative in those judgments. I was deeply involved in discussions on vitamin A 3 or 4 years ago. At that time, although vitamin A was clearly a proven technique for reducing blindness, its broader health benefits had not been proven, and we felt it would not be prudent for us to begin to support, on a broad-scale, an activity which didn't have the scientific underpinnings to support it.

We, and others, funded further studies that have now proved that there are broader benefits to vitamin A than just dealing with the issues of blindness. But that was the reason for our position at that time. I think, in terms of our responsibilities, it was an appropriate position for us to take.

Ms. JEROME. Yes, Mr. Chairman, I'd be happy to elaborate regarding the progress that we have made in vitamin A. Recently, the International Vitamin A Consultative Group, a consultative organization that A.I.D. funds, released a statement that clearly states that vitamin A reduces child mortality. And this benefit, which goes much beyond reducing nutritional blindness, is a plus, we believe, for child nutrition.

I think it's important to add that our programs in vitamin A are totally integrated into basic nutrition programs. A.I.D. sees vitamin A not as a top-down vertical project, but as part of a broad-based nutrition program that supports child survival. The pluses are obvious.

A.I.D.'s leadership has triggered tremendous activity by governments and international organizations. We are grateful for the support that we've received for eliminating vitamin A deficiency and nutritional blindness.

Mr. HALL. Are you through?

Ms. JEROME. Yes, I'm through, Mr. Chairman.

Mr. HALL. OK, thank you.

Well, I hope someday soon that we can all work together. I think we're all moving toward the same thing. We all have, it seems, in general, the same ideas as to what we ought to fund, what we ought to commit to. We have a lot of goals, but I think the biggest problem we have in government and in the world today, is that there are a lot of good people that are working individually on these goals. Like, take the issue of hunger, everyone is doing their own thing.

We have a lot of churches in the country. As a matter of fact, we've got a church on every corner. If they were to pick up a homeless family or a hungry family, if they were to live up to their responsibilities, then we wouldn't have this problem. Now, some are doing great, but most aren't.

And I feel the same way about the hunger organizations. So many of them are wonderful. They really are great. A.I.D. does great work. But we don't work together.

If we are to accomplish these things on which we all agree, we need to present a united image and lead in the world. We have the ability. We can conquer this. We can win this one. If A.I.D. would join with the Hunger Committee, in an interaction with the many, many groups around the world and start to agree on three or four priority things, then we could present a united front to the Congress and to the world and we could do our share.

And if we take the lead, a lot of people are going to follow us. That's the biggest problem we have in the world today, I think, is that we don't work together. And it's a shame. And until we do this, our goals are not going to be accomplished.

And that's what I really want to propose to you. I want A.I.D. to be part of this. We're all trying, even the private groups, to protect our fiefdoms. It's embarrassing, and yet, so many of them are doing such wonderful work. But we're not together, and hopefully, this committee can be part of the process which starts to bring people together, especially the good groups. Then we won't have the mentality of a church on every corner because we're all working for the same thing.

And that's the frustrating thing about it. I don't think we'll ever put a dent in this problem until we start to cooperate. Now, I see more and more things happening that are good, but I think this ought to be the goal of all of us that are working in this area.

Mr. LANGMAID. Mr. Chairman, I would like to make a brief comment, since I really couldn't agree with you more. One of the real accomplishments of the Jomtien meeting, in education, was to bring a fantastic array of people together focusing on a set of very limited targets which they could all relate to. I'm hoping the same thing will be true with the summit on child survival.

One of the problems that we face is the plethora of targets that are out there. Different groups are working around individual targets and looking for support toward reaching their own particular targets.

When I was in the Child Survival Task Force meeting in Bangkok, before Jomtien, the plea from the ministers of health in the developing world that were there was, "Please give us the freedom within broad targets to meet our own national goals and our national plans. We cannot operate within a series of vertical plans, each having its own unique support, and its own unique management and chain-of-command and administration."

The summit has done that. The summit documents have been, I think, a step forward in identifying a series of simple, straightforward, broad goals which we can all mobilize around and support. I would hope coming out of the summit would be that kind of follow-up action, to give the kind of coherence to the efforts you're talking about.

Mr. HALL. I hope you're right. There are a lot of wonderful goals. We don't need to go to the summit to get them. You can write them right now, and so could I. We could probably agree before the hour is up.

The best thing about the summit is that it elevates the issue of children and that's wonderful. We're going to have all these world leaders coming together. My worry is they all come together and then they go home. They pass a nice resolution and some great statements, but there is no action, you know.

And the thing is coming together, because we know what to do. We know what the goals are and we know what to do. We know how to immunize, we know how to feed, we know how to rehydrate. We know how to do a lot of things. We can do it.

And to give flexibility to the countries is right, but we must work together, I think that's the key. Because the resources are here. And I'll be glad to help you. I really will, but you're also going to have to help us. We're going to have to work together.

I've been rambling this morning, I'll tell you that.

Thanks a lot.

Ms. JEROME. Thank you, Mr. Chairman.

Mr. HALL. OK. Now we will hear from our second panel, which consists of Dr. Robert Kim-Farley, director of the Expanded Program on Immunization at the World Health Organization; Robert Kates, university professor and director of the World Hunger Program at Brown University; and Paul McCleary, executive director of the Christian Children's Fund, a private voluntary organization.

We are very happy to have you here. We will hear from the three of you first, and after we have all of your testimony, we will proceed with questions. And if you could give us brief summaries, that certainly would be appreciated. We'll start with Dr. Kim-Farley, then Mr. Kates, then Mr. McCleary.

STATEMENT OF ROBERT KIM-FARLEY, M.D., DIRECTOR, EXPANDED PROGRAMME ON IMMUNIZATION (EPI), WORLD HEALTH ORGANIZATION, GENEVA

Dr. KIM-FARLEY. Thank you, Mr. Chairman. It's a pleasure to be here, because I think with the Expanded Program on Immunization, we are seeing one of the success stories that you have been talking about in terms of collaboration and cooperation in the international sphere, with many governments, international organizations, private organizations, such as Rotary International, and others.

I'd like to take a few moments this morning to talk about where have we been in immunization, where are we now, and where are we going.

The EPI has made a remarkable success. As you can see on this graph to my left, we've gone from a stage in 1974, when the program was first created, where less than 5 percent of the world's children were receiving immunizations, to a point now where some 70 percent of the world's children are being immunized before their first birthday.

The impact of this is now being seen. On this graph over here, we currently estimate some 2.6 million deaths each year are being averted due to immunization, from measles, neonatal tetanus, and pertussis, or whooping cough, alone, and some 400,000 cases of paralytic poliomyelitis.

But the urgency of what remains to be done is underlined by the fact that there are still some 2.6 million deaths occurring due to these same diseases—1.4 million deaths each year due to measles alone, and over 180,000 cases of paralytic poliomyelitis.

Turning to the future directions—the World Health Assembly, in its meeting last year, set EPI challenges for the 1990's. First, to achieve and sustain in all countries full immunization coverage with all of the vaccines used in the EPI. I think that we now need to look, not simply at global coverage, and not simply at coverage within a country, but making sure that these coverage statistics are disaggregated.

What is the coverage at state or provincial levels? What is the coverage at district levels? What is the coverage in communities? We want to make sure that we don't have great disparities in immunization coverage hiding behind averages.

Second, the controlling of the target diseases, setting of new targets for disease elimination, eradication, and reduction. The World Health Assembly set goals of a 90-percent reduction in measles cases from preimmunization levels, by the year 1995.

Also, the elimination of neonatal tetanus, done by two strategies of both tetanus toxoid immunization in women of childbearing age, as well as insuring clean deliveries: clean hands, clean delivery surface, clean cutting and care of the cord.

And, perhaps one of the more ambitious goals, of the eradication of poliomyelitis from the World by the year 2000. This means the actual eradication of the causative organism, the polio virus, from the face of the Earth with the ultimate hope to actually stop immunizing as was done with smallpox.

Third, to improve surveillance of the EPI diseases to monitor the progress toward these targets, as well as to insure that our program operations are directed to the areas of greatest need. When cases of these diseases occur, it means that this is where the susceptible individuals are residing. This is where the program activities need to be targeted—to those high-risk areas.

Fourth, to introduce within the routine immunization program new or improved vaccines as they become available for public health use. We want to make sure that the benefits of these vaccines are given to the children who need them most.

We have difficulties right now, for example, with the introduction of hepatitis-B vaccine, a vaccine of proven efficacy, with some 1 to 2 million people dying each year due to this disease from the consequences of cancers. Yet, at even $1 per dose, down from its original $30 per dose, developing countries have difficulty in purchasing this vaccine which, in fact, is the combined total of all the other costs of vaccines.

We have to make sure that the efforts that we do in developing new vaccines reflect this issue of the cost. It would be great tragedy if we develop new vaccines or improved vaccines, and we cannot use them in the countries of greatest need.

Fifth, to promote other primary health care practices that are suitable for the delivery system of the EPI. You, yourself, have mentioned the issue of vitamin A supplementation. This is a nice, natural mix for EPI to develop to their same target groups to help

ensure vitamin A supplementation in areas of vitamin A deficiency.

And finally, research and development in support of these activities. We want to make sure that this is not some ivory tower research, but operational research, directed to the problems that we see in the program, looking at delivery strategies, looking at ways to improve surveillance, and especially looking at those things we can do with the vaccines right now: improved heat stability, improved immunogenicity to the vaccines, improved vaccines that can be used at earlier ages.

These are the important things that we need to direct our program resources to. I think that the role of WHO, in terms of setting the goals for the world through the World Health Assembly, and the role of the EPI, in helping to set global policies and strategies through its EPI global advisory group, are ways in which we can assure that this coordination and cooperation on the global scale is occurring and that this global coalition and alliance can be strengthened and moved forward.

We welcome the governments of all nations to join in participating in this noble effort toward a vision of a world free from the suffering, disability, and death of vaccine-preventable diseases.

Thank you, Mr. Chairman.

Mr. HALL. Thank you. Yes, Robert.

[The prepared statement of Dr. Kim-Farley appears at the conclusion of the hearing, see p. 56.]

STATEMENT OF ROBERT W. KATES, PROFESSOR AND DIRECTOR, ALAN SHAWN FEINSTEIN WORLD HUNGER PROGRAM, BROWN UNIVERSITY, PROVIDENCE, RI

Mr. KATES. Mr. Chairman, I'd like to introduce my colleague, Bob Chen, who's with me today.

1989 will probably go down, not only as the remarkable year of the end of the Cold War, but it could also go down as the beginning of the great renewal in overcoming hunger. If words could do it, we have a plethora of words. And the words are important, because they really reflect the attempts to do exactly what you described, to break down the protection of our little fiefdoms, to come together on a small set of achievable goals for the decade, to reduce the large laundry lists into a few items of real priority.

And so it began with the World Food Council essentially adopting the four Bellagio goals for overcoming hunger in the 1990's, but refusing to put any quantitative numbers toward achieving them, given the kind of flexibility desired in the United Nations system. This was followed by the actions of the Interagency Task Force on Child Survival, the fruition of which we'll see at the World Summit. It basically proposed the goals that are embodied in the declaration of the World Summit.

And then, last year the nongovernmental community brought together 23 planners, practitioners, opinion leaders, and scientists, to come together in Bellagio, Italy at the Rockefeller Center, and to examine what could be done to halve hunger within the decade.

I'd like to say something about the design of the meeting, because I think it's really important. The participants came from 14

countries equally divided between North and South, roughly split between technical experts, advocates, public opinion leaders, but they were chosen with an eye to diversity, rather than to getting along.

We specifically encouraged people to disagree, and the only requirement is that the group agree to try to work to seek some common ground. Perhaps Jesse Jackson inspired us, but it was that search to find common ground that made the consensus that emerged doubly important, not only for the technical expertise that supported it, but for the agreement to focus on a small set of opportunities, and for the searching, even scathing, scrutiny that each element received.

And thus, the message of the Bellagio declaration, as you see displayed in the room, is a simple one. The four goals add up to a simple message that it's possible to end half the world's hunger before the year 2000. I know you don't want to dwell in today's hearing on the first goal—eliminating deaths from famine. But I would like to make a brief comment, because it leads the agenda—that it's possible for the first time in human history to contemplate the total elimination of deaths from famine.

There are about 15 to 35 million people each year, over the last 10 years, that have been at risk of famine. And the initiatives of this committee to encourage joint efforts with the Soviets to bring food to the people of Ethiopia, and to clarify the humanitarian mandate for food aid, are directly supportive of achieving this goal.

Thus it is equally important that we maintain our commitment to end the use of hunger against civilians as a weapon of war, amidst the need to maintain the U.N.-sanctioned embargo against Iraqi aggression. I hate to lose the enormous progress that we've made on the issue of safe passage for humanitarian relief, to lose that in the sands of Saudi Arabia and Kuwait.

The Bellagio group also recognized that for the first time we can contemplate the total eradication of two of the three major nutritional deficiency diseases. And I'll return again to the questions Mr. Chairman, that you raised on vitamin A.

And then, as part of the child survival consensus, there was agreement that it was possible to cut malnutrition among women and children in half; that we've made rapid progress in immunizing infants; that breast feeding of infants is continuing, or even increasing, in many developing countries; and that innovative programs in Africa and Asian combine the monitoring of growth by child weighing with supplemental feeding, if needed.

Considering the Universal Childhood Security Act that you have introduced along with your colleagues—if the intent of Congress and the levels of support envisioned in this legislation are realized, if they elicit the matching response that you request from other donors and the World Bank, and the kind of implementation that you just pleaded for with our colleagues in A.I.D., then the goal of halving malnutrition among mothers and children can well be realized within this decade.

But also, what we haven't discussed yet this morning is that we have to be reminded that most hunger is rooted in poverty, and the hunger of at least half of the poorest households in the world can be ended.

We have extensive experience with food subsidies that demonstrates that careful targeting and effective application could reduce urban food poverty substantially. And in rural areas, providing wage and food income in return for labor, to construct needed agricultural and environmental improvements, reduces food poverty immediately, while at the same time it leads to the kind of sustainability that can be attained by increasing long-term agricultural productivity and income.

And also, we have to remind ourselves about the various efforts to create employment and self-sustaining sources of credit, especially for women.

Food stamps are a great American invention and sometimes we disown them as we struggle to try to maintain the commitment to food stamps. The principle of food stamps, of targeting food aid to the truly needy while utilizing existing markets to distribute food, can be replicated in different forms among the urban hungry everywhere.

Finally, I want to say a little bit about people who raise their own food and have to cope with the deterioration of their natural resources, the loss of crucial access to common resources, and restriction to all but the most ecologically marginal land. If A.I.D. sees as a major new initiative in the coming decade dealing with the environment, let them deal with the environment of impoverished people.

It turns out that there is a remarkable blending of impoverished people and impoverished environments, as poor and hungry people are driven out more and more onto the most marginal and threatened of our environments. They are in the arid and semiarid lands; they're in the high mountain areas; and, increasingly, they are often the people who are involved in the destruction of the tropical forest.

We need a creative effort to meld the conscious interest in environmental concerns with the plight of the poorest and the hungry, to make sure that much of our own aid and the aid of most major donors in the world do not make these poor and hungry people worse off by the very kinds of activities and programs that are being pushed in the name of development.

It doesn't cost a thing in terms of a financial commitment; it costs a lot in terms of attention, in terms of policy, in terms of approach.

A systematic assault on the hunger problem in the 1990's inevitably will require some additional flows of money and food aid from the rich to the hungry and the poor, and of course, a reversal or limitation of those flows in the opposite direction. Right now, all our numbers show that more money is flowing out of the South to the North than is flowing from the North into the South.

But I think those increased flows do not require major new commitments in the time of budget stringency. Reallocation and effective targeting can do much. And in my written statement, I've suggested what the magnitude of that problem is. I suggested, by bringing together the scattered data that we have, that something on the order of $9 billion a year, worldwide, can lead the way toward achieving the goals of halving hunger in the decade and that a good proportion of that is already being allocated or spent.

We are grateful for a brand new study that has just come out of the United Nations Subcommittee on Nutrition—that suggests that roughly about $5 billion are currently being spent to either address the goals of the Bellagio declaration directly or could be reallocable to these goals.

A realistic program to combat hunger in the 1990's might require an additional $4 billion per year in new or reallocated funds, and of the $4 billion more needed, an American initiative to halve hunger in the 1990's might offer 25 percent, or an additional billion.

But even more important than the external flow of funds, is the need for renewed social energy and political will, the creative employment of local institutions, and underutilized resources, and increases in the level of public support. Nongovernmental and private voluntary organizations are particularly important in reaching the hungry and the poor. At best, they constitute hungry people acting in their own behalf.

Most of the identified goals can be accomplished in different ways. The most promising approaches are those that empower people to assess their own condition and to act in their own behalf, that provide short-term hunger relief, while addressing deeply rooted causes, and that could be sustained over the long-term.

I might say that in the 10 months since the production of the declaration, there's been considerable progress in supporting it. You mentioned that President Carter will submit an endorsement, to be joined by over 200 technical experts, advocates, practitioners, opinion leaders in 33 countries, including leaders of groups so diverse as the president of the World Bank or the president of the Zimbabwe National Farmers Union.

Let me just make two more points. Going beyond the Cold War provides the renewed opportunity to address global and national hunger, but I also want to report the concern of people at Bellagio. At the Bellagio conference, a participant told of the Swahili maxim: "When elephants fight, the grass dies." And then she wryly noted the end of the Cold War. She observed, "When elephants make love, the grass also dies."

Between the portentous events in Eastern Europe, Southern Africa, Central America and now, the Gulf, as well as the worldwide concern for the environment, making room at the table for the hungry of the world could become increasingly difficult. Yet, for the first time in human history, we can begin to view the end of hunger and halving it within the decade.

So I'd like to conclude with suggesting what might be the shape of a U.S. initiative that would appropriately deal with the Bellagio goals. For the first goal, to eliminate deaths from famine, we need to maintain the moral high ground in addressing hunger as a weapon of war by leading in the provision of humanitarian aid and seeking safe passage in zones of armed conflict.

To end hunger in half the poorest households, we need to make sure that our generosity in providing food aid is matched by the neediness of its recipients. This committee well knows that the maldistribution of the $2.5 billion that goes into food aid, where the bulk of that goes, not to hungry and poor people, but to much better-off people in pursuit of other goals.

We need to use our experience in targeting food aid at home and abroad. This is one of our comparative advantages. To make such aid more effective, we need to find ways to make our assistance for microenterprises work for truly poor people. I know you have addressed that question in the past.

We need to make sure that our external assistance and those of other donors do not undermine hungry farmers' production incentives, or undermine their access to natural resources by building dams over the common property resources that they require. And we need to use short-term support for hungry people in Africa to help build a rural infrastructure, so that internal markets can develop, and agriculture can grow and sustain itself.

To cut malnutrition in half for mothers and small children, we should do just what you have proposed, to build upon the current efforts for child survival, with activities and support rising to double the current level, as you have suggested. We need to assist mothers with support for child spacing.

To eradicate iodine and vitamin A deficiencies, I think we should build upon the experience in both research and practice in addressing vitamin A. I think the United States should emerge as the lead country on vitamin A, and I think that there should be a clear U.S. commitment to seek eradication within the decade.

And we should have numbers and reports that tell us year-by-year what the progress is, similar to the kinds of reports that we just received on the progress of immunization. If you try to find out what the progress is, you can't find out at the current time.

And overall, I come from a university that's always trying to raise money, like most universities, and we're used to a concept of something called challenge grants. Somebody offers a $1 and then we have to match it with $3. I would propose that the United States create a global challenge grant to ask the world to match 3 to 1 a U.S. initiative to add $1 billion per year to this commitment to halve the world's hunger within a decade.

[The prepared statement of Mr. Kates appears at the conclusion of the hearing, see p. 68.]

Mr. HALL. Mr. McCleary.

STATEMENT OF PAUL McCLEARY, EXECUTIVE DIRECTOR, CHRISTIAN CHILDREN'S FUND, INC., RICHMOND, VA

Mr. MCCLEARY. Mr. Chairman, my name is Paul McCleary. I'm the executive director of Christian Children's Fund, which is one of the largest child care agencies in the world.

For a number of years I served as the executive director of Church World Service, which is the relief and development arm of the National Council of Churches in the United States, and for a time as the executive vice president and acting president of Save the Children Federation.

I'm currently serving on the board of the Overseas Development Council, the Bretton Woods Committee, InterAction, which is the umbrella agency of PVO's in the United States doing international development——

Mr. HALL. You used to work in Dayton, Ohio, too.

Mr. MCCLEARY. And I'm from the State of Ohio.

Mr. HALL. Those were good years.

Mr. MCCLEARY [continuing]. And serving as the deputy president of the nongovernment committee to UNICEF. I'll be leaving this meeting to go to New York to attend the summit as a select group of NGO's which will be observers to the summit through Monday.

So, it's out of this background of experience in a nongovernmental community that I wish to address this committee this morning. The earlier part of my testimony makes reference to the international agencies, particularly the specialized agencies of the United Nations—the World Bank, UNICEF, WHO, and so on—and the goals that they have set, as the Bellagio conference has done, through the declaration, in terms of goals meeting human needs in the next decade.

The nongovernmental organizations, by and large, accept and posture themselves in relationship to these goals. We do not have the capacity or resources to develop research, institutes or planning processes so we depend on these international bodies which are developing broad global goals, and we posture ourself in support of those objectives.

So this morning what I would like to address is more the issue of how the NGO community is mobilizing itself to implement the goals that these world bodies are helping to set by the planning processes that they have set in motion. In my statement, I have suggested that there are four major changes taking place in the organizational relationships among the PVO's.

The first of these is that the nongovernmental organizations in the United States have been moving to become a part of world alliances, or families, of nongovernmental organizations: Save the Children International, headquartered in Geneva; and CARE International, which is based in Paris. Christian Children's Fund has just formed a world alliance of 12 partner agencies.

These family organizations of nongovernmental organizations become a global network for mobilizing grassroots people in response to these kind of goals and objectives. A second technique that is currently moving within the PVO community is that of the formation of consortia, in which PVO's form direct alliances and relationships with other PVO's, or other nongovernmental organizations, for the purpose, again, of responding to meeting these goals.

For example, there is the NGO University Consortium made up of 12 nongovernmental organizations and about 20 universities in the southeast of the United States, which are working together to develop more technical approaches to resolving the problems that the world community is facing.

The third technique that is currently underway, of reorienting or posturing the PVO community, is that in the Third World, or that part of the world outside of the United States, there are regional structures of NGO's coming into being.

Nongovernmental organizations, the organizations based on volunteerism, originated in the United States. It is a movement which is indigenous to the United States, but at the present time, there are now indigenous nongovernmental organizations coming into being in Asia, Africa, and Latin America, that in and of themselves are forming regional bodies of PVO's.

For example, in Africa we have FAVDO, which is a continent-wide structure for African indigenous nongovernmental organizations. So we in America then posture ourself vis-a-vis that entity in Africa, and work with those indigenous organizations that even have better grassroots structures and functions, and better contacts with their own governments than we do.

So we are building a global network that is dealing with regional bodies of NGO's, national and regional bodies around the world.

And the last form of structure coming into being, to help us implement these kind of global goals that are emerging in the world community, is through relating to nongovernmental committees of the specialized agencies of the United Nations. I've made reference to the NGO committee of UNICEF, of which I'm an officer. There are 167 nongovernmental agencies, only 23 of which are based in the United States, that are members of that NGO committee.

And that NGO committee is particularly interested in the needs of children, women, and families. So that we, then, structure ourself or posture ourself around the goals of UNICEF, taking what is valuable to us, modifying what isn't, and then moving on to try to meet these kind of global goals. And there are similar NGO committees for UNDP, and one has come into existence for UNESCO, and there are NGO's that are related to WHO.

So that I wanted to simply place in your thinking that, in terms of these global goals that have emerged, we strongly support these goals and the planning processes that have brought them into being. And we, then, share those in our own planning and thinking to develop our strategies to mobilize our resources. So we wanted you to be conscious of the fact there are informal structures building networks and interrelating which provide resources and mobilize resources to meet the goals in which you're interested as a committee.

The last comment I would make in closing is to support the statement that you made earlier on regarding the U.S. role. No longer is the United States the No. 1 donor in international development. But no leadership has emerged to give direction in this, even though we are no longer the No. 1 community in giving.

That is, the role for the United States, the leadership role, is still there to be played. And as we have watched, in the last 2 months, the role that the United States took in mobilizing the world's resources in the largest mobilization of personnel and resources to assist the people of Kuwait, if we wanted, if we had the political will, to do and give that kind of leadership to the world community again, on behalf of the human needs agenda that we're looking at this morning, these global goals, we could transform the nature of what society would be like in the next 10 years, if we had the political will to press the same, to lend ourselves to the same form of mobilization that we have just given to the Middle East.

And I appreciate the leadership that you and this committee are giving to attempt to mobilize that, and to develop the will that we need in that direction, because certainly you have the support of the nongovernmental organizations as we respond to human need, children, women, and families around the world.

Thank you.

[The prepared statement of Mr. McCleary appears at the conclusion of the hearing, see p. 91.]

Mr. HALL. Thank you, and I thank all of you for your statements, excellent statements. I thank you for your work in this area, and your love and caring for this issue. It's very important.

I'd like to follow up on that last statement, because I said a similar thing, and ask the three of you—many of us recognize this—how can we do this? How can we establish the political will? How can we start to work as a team? How can we take the leadership that people are willing to give us, but in fact, we're not taking?

Do you have any ways that we can encourage this? I would appreciate it.

Dr. KIM-FARLEY. Thank you, Mr. Chairman. Maybe I can just give one small example from the immunization viewpoint. I think one possible way of looking at the political will, for example, in the industrialized world and the peoples, for example, of this Nation, is to recognize what is, in fact, some of the domestic benefits to be gained from the international effort.

Let me give an example with polio eradication. Currently, the United States spends some $65 million a year on polio vaccine in the United States. With the effort of the World Health Organization, its member states and partnership agencies, when we get to the point where we can eradicate polio virus from the face of the Earth, when we can do as we had done with smallpox, stop immunizing, these will be accrued savings of $65 million a year every year thereafter.

And I think the same thing can be said about measles reduction—although we are not at a stage yet where we are talking about the eradication of measles, we're certainly talking about a significant reduction in measles incidence. And this will mean less numbers of cases being imported into the United States. I know that measles is a great problem in the sense of trying to eliminate the disease within the United States.

So I think one way, a small way perhaps, of trying to develop the domestic political support for the international efforts is to emphasize the domestic benefits that the industrialized world will face in the success of these programs.

Mr. MCCLEARY. I'd like to suggest, also, that in the development of this form of leadership, that if, for example, A.I.D. backed away from being a development agency itself, but made resources available—you see at this table and those represented at Bellagio, an immense resource of expertise on what the issues are, what possible responses there are to that.

If the resources of A.I.D. were not committed to programmatic responses themselves, but to the mobilization of the resources that already exist, and that we then mobilize the academic community, the PVO community, then we would unleash. But at the present time, we have an agency that itself is a doer of development. It could become proactive and become a mobilizer of those who are interested.

And I think at that point, there would be a shift in emphasis, but nonetheless, it would restore us to a leadership position in development. I think the crucial issue at the present time is we have increasingly significant donors around the world: Japan; and certain-

ly, Germany, in the relatively near future; Taiwan has the largest reserve of currency in the world.

Those agencies are becoming proactive in development, but lack development history, development understanding. And the United States, by moving away from using A.I.D. as a development agency per se, to the mobilization of thought and research around development, could then assist by moving back into a leadership role at the forefront of mobilizing these resources at the national level from around the world.

Mr. KATES. I'd like to just add to that by saying first of all, we should recognize that something has already changed. That in the 1980's we had, for the first time, the emergence of lobbyists for poor and hungry people. We've never had that before—groups like RESULTS, Bread for the World, InterAction.

For the first time you are faced with people who wear a badge and say, "I'm a lobbyist, but I'm not a lobbyist for Monsanto. I'm not a lobbyist for the real estate people of the United States. I'm a lobbyist for poor and hungry people."

So there's been a sizable shift. There was a time when this committee was the sole moral conscience within the Government and within the legislature, and I think your numbers have changed, and shifted, and your role has shifted. And voices appear in strange places that complement your message.

So I think some things are changing. I think a lot of the problem, though, has dealt with the different fiefdoms. When I first started working 6 years ago on studying hunger, I was struck by the fact that the community of concern often acted as if nobody would ever ask them, "Tell us now. What should we do to end hunger? Tell us specifically, what should we do to make a great step forward?"

And in the absence of that belief that anyone would ever take them seriously, each group had followed its own particular, specialized bent, professional concern, and so on. I think that's beginning to change now. I think that the remarkable developments my colleague described of creating new networks of nongovernmental organizations. Some people talk about creating a second assembly in the General Assembly of the United Nations consisting of these enormous, rich linkages of nongovernmental organizations.

How can we get A.I.D. to shift from the sense that they have to do it all, and they have to put out the bulk of the money, to provide both that moral and technical leadership that they're capable of? It seems to me that's the kind of question that you posed to them today.

Mr. HALL. Dr. Kim-Farley, I'd like to ask you a question about the countries that have low immunization coverage, and how do we deal with these countries? How do you deal with them? How do you get them to make it a priority among their people?

Dr. KIM-FARLEY. Thank you, Mr. Chairman. Most countries really have made remarkable progress in their immunization programs. Those that are at the lowest levels today often have external or internal influences of war or civil disturbance that makes it difficult to be able to reach their populations. These problems, obviously, are not going to be solved by the Expanded Program on Immunization.

However, there have been some remarkable efforts done whereby days of tranquility—where people, in fact, stop fighting on both sides, and the children are immunized—have occurred. I think now in most countries there is political will and the recognition that immunization is the most cost-effective weapon that we have in our armamentarium to prevent diseases.

The problems that still remain in some countries are the remoteness of populations, the difficulty of access, and the difficulty of maintaining what we call the cold chain, the necessary refrigeration of vaccines from central levels to very peripheral levels. All of these things countries are struggling with, and are striving to achieve.

The goals of trying to reach 80 percent coverage by the end of this year, and now, 90 percent coverage by the year 2000, are efforts that heads of state and ministries of health are trying and committing themselves to achieve. I think that the World Summit for Children, in fact, will be a unique opportunity to address these remaining countries that are having difficulty.

I think that we'll also see that in many countries we're now at a stage where immunization coverage with, say, 70 to 80 percent coverage has been reached—how to reach those remaining 20 and 30 percent is going to be a very formidable task. It's going to be a task for which simply providing the access to the service is not enough. We're going to have to insure that the community is mobilized and the demand for the immunization services—from the parents to have their children immunized—is there. So I think that we will be having to deal with those remaining numbers of immunized that exist in the countries.

Mr. HALL. How far away are we from an immunization that you can give one time and it covers all the deadly diseases at once?

Dr. KIM-FARLEY. Mr. Chairman, that's a very distant, but theoretically possible goal. I think of it like a guiding star. The Vikings navigated by the stars. They expected to be guided by them. They didn't expect, necessarily, to reach them.

I think that what we need to do is make sure that a concept of a childrens vaccine can be a guiding star for us, but the important thing is to realize that the route to getting there, the incremental changes that we can do with existing vaccines: to make the polio vaccine more heat stable so that we can, perhaps, avoid some the difficulties of the cold chain; and to make the measles vaccine more effective at earlier ages. We have a new measles vaccine called Edmonston-Zagreb strain that can be given, instead of at 9 months of age, at 6 months of age in the developing world. We need to find other strains, other methods to even go to earlier ages. So I think that we can see many things that can be done with even the existing vaccines to improve them on the way to that theoretically possible, but distant goal.

Mr. HALL. Mr. McCleary, how do we encourage the indigenous PVO's, NGO's, in countries that you talked about, that are forming together on kind of a regional basis? What can we do to help them, other than what we're doing, the obvious, of doing contracting, et cetera? How can we better deal and work effectively with them?

Mr. MCCLEARY. The strengths of the indigenous PVO is that they have immediate grassroots contact with village level. They know

the culture and they know the language. What they usually lack are the international connections, the communications, the information sharing.

So what the rest of us have been attempting to do, particularly in terms of the African NGO's is to resource them by giving them fax machines, providing plane tickets, providing subscriptions to magazines; that is, they lack the resources that are necessary to help them link in to the rest of the world. And if there were a way for us to assist them to build that kind of infrastructure, it will provide them the means of doing the job itself they're capable of.

They lack the resources for doing the job, but what they lack more is the ability to be interactive with the rest of us, and to be tied into these networks themselves. But there is a growing infrastructure throughout all of the Third World, and particularly in Africa, which in the next 10 years will be a very significant continent for us in terms of human-need issues.

Mr. HALL. I'll ask one more question, then I'll ask my colleagues if they have any questions.

The activity of balancing of economic growth with reducing the deficit that many Third World nations have, is something that's talked about and something our Government plays a part.

Many multinational banks push these governments to say, "You have to quit subsidizing the staples. You have to quit doing that," which makes sense economically, obviously, and it's helpful. But you know what happens is, of course, the food riots. The Select Committee on Hunger was in Peru not too long ago. They have a new president, Fujimora. He came in with the promise that he wouldn't eliminate subsidies and as soon as he came into office he did it.

Economically, he's doing the right thing. It has to be done. On the other hand, most of the world sits back and watches him. The price of food jumps a couple thousand percent, thousands of people lose jobs, and we kind of sit back and watch. It doesn't seem to be a proper balance.

We do the same thing when we say, "Debt." The World Bank does it. But we don't seem to rush in and help them during that period of time when they're trying to lower their inflation, trying to get back on a good path of retiring that debt. We don't seem to have any kind of balance there at all. And we don't, often times, forgive the debt, but even when we try to work with them, we don't seem to help them in these areas of jobs and money for food, et cetera.

So how do we do this? [No response.]

You're stumped, right?

Mr. MCCLEARY. I'll attempt an answer while they are thinking.

Mr. KATES. Well, I think one of the things we've learned about is the inefficiency of the very large-scale general food subsidies, which often provoke food riots when you remove them though it's not even clear that the people who are rioting are necessarily the hungriest people who need them. And one of the small salutary things we've learned from all the pain of the global restructuring is that sometimes when you're forced to restructure, if you do it intelligently, you can actually help hungry people even more, because a

lot of the general food subsidies were really being diverted, not to the poorest and hungriest, but to people above that level of income.

What has been missing has been what the World Bank and the IMF, only belatedly recognized, that it's too easy to remove the general subsidies without first trying to create that kind of social safety net that could provide on a much more targeted basis that needed subsidy for the poorest people. And we know how to change that kind of thing, by saying, "You don't do anything until you have that plan in place, until you've thought through how to do that before you take the next step."

Mr. HALL. Well, it's probably a question more for our Government than you as private people, but it seems like we allow these countries to work on their own when they do this. There is no coordinated plan. They get tough.

And it would be like us solving our deficit plan by getting rid of food stamps and all our nutritional programs. It's hard medicine, but that's exactly what's going on in Peru. I think that's been done in a lot of countries you're familiar with. And because of the pressure they can't continue these policies because these governments don't last. They can't stay in power.

Like I said, it's probably a question better suited for our Government. How do you handle something like that? There's no plan. And we do the same thing. We push these governments to solve their deficit, yet we don't go in and help them. We need to go in the back door and help them with some of their basic problems.

Representative Long.

Ms. LONG. Thank you, Mr. Chairman. I wasn't here for all of the testimony, so I'm going to ask a more general question. It seems to me that when you have an objective that you want to meet, you set your objective and you determine how to achieve those goals. And part of achieving the goals of immunization or eliminating hunger or reducing hunger, part of those goals, a part of the strategy has to be proper funding.

But there are other parts to the strategy. And I would just like to get your sense of why we're not—and we've made progress—what else do we need in addition to funding? What does the Government need to be doing, not just domestically, but internationally? And my question is for, I guess, all three of you.

Mr. MCCLEARY. Well, let me make just a start at the answer, and that is, the progress that could have been made has been impeded by other forces, one of which are the economics that Chairman Hall has referred to. The Third World debt crisis has caused a major reduction in social services in the Third World. The countries, in order to deal with the debt payment, have reduced educational costs, medical costs, so that goals fall short because the allocations have been cut. And that's one of the problems.

The second is related to that, and that is the brain drain. As the economic situation deteriorates, you lose your technical or your trained personnel from that country. And that's happening. The best example at the moment is Hong Kong—1,300 a day are leaving Hong Kong.

But that also occurs in the Third World. As the economic crisis occurs, people take up and leave. We lose the staff we have trained, or we lose the technical skills in that country because of economic

crisis. So there are a series of factors that have been counterproductive to the accomplishments of the goals. And it doesn't mean the goals were poorly set. These are factors that could not be anticipated.

But ways have to be found to offset that, or to balance off those. And what Mr. Hall was referring to, I think, is that there are various aspects to a complex problem that provide an answer. We are not economists at this table. The question he was asking about Peru is an economic issue. What could have been done or should have been done? And what should the World Bank and the IMF have said to the rest of us, about what needs to take place. Now you position yourself for the consequences of the decision that we have to take.

But that type of planning isn't yet fully in place. A decision is implemented and then we have to deal with the consequences because no one else has alerted us to that outcome. And it's usually the PVO community that has to come in and attempt to deal with that. The refugee crisis in the Middle East today should have been anticipated as a part of the consequence.

So what is the fallout? Who are the people who are looking at the fallout? So I don't have an answer for you other than to say that the goals as they were originally planned were essentially realistic and appropriate, but we can't always deal with these unforeseen events that occur and their consequences.

Dr. KIM-FARLEY. Just to, again, state that I think we see this hearing as, if you will, a stepping stone toward the World Summit. The World Summit will provide, perhaps, an atmosphere to be able to look at the attitudes of the nations of the world, to say, "Look, where are our priorities?"

And I think that's going to be an important issue. From the World Health Organization viewpoint, we also have a program of intensified cooperation with the poorest of the poor to make sure that our resources and the resources that can be mobilized at country level, and bilateral activities with other organizations and governments, are directed to those areas that are most vulnerable.

Mr. KATES. I would restate that we have this opportunity to, first of all, to give global leadership toward a small set of goals put together as a package. We have a whole bunch of things that don't cost anything except attention, effort, desire, and hope. And that's to reallocate food aid to the people who really need it; to target it to those who really need it; to use it, particularly in Africa, to build rural infrastructure; to make our sizable commitment to microenterprises really help poor women and poor people; to adopt vitamin A as our major micronutrient initiative; to begin to require some monitoring and some measurements so we know when we're doing good and when we're not.

There should be an annual report that quantitatively tells us how much progress we are making to these goals. Each year we need to work to end famine. The only obstacle is the fact that famine persists in zones of armed conflict. We need to find ways, even in the midst of the Iraqi crisis to maintain our desire to provide safe passage, to provide humanitarian aid. All of those things don't cost anything except leadership.

Ms. LONG. I don't have any other questions.

Mr. HALL. Representative Penny.

Mr. PENNY. For starters, to what degree do other nations allocate their foreign aid through PVO's? And I'd like you to relate that to the United States. You mentioned earlier your interest in seeing more of the money, in a sense, funneled through A.I.D. directly to private voluntary organizations. I concur in that objective, but how do we compare with other nations in terms of their direct support for PVO's instead of government-to-government aid?

Mr. MCCLEARY. I'd like to answer that with two responses. The first is that many other countries have a development ministry not under the state department, so that the distribution or allocation of foreign assistance is not governed by security issues. That's very common in the Nordic states and in Canada, so that these ministries are entirely focused on the issue of development in the Third World.

And that development needs to take place irrespective of the national security interests of that particular government. They are committed to human need.

The second dimension is that—I don't have in mind the exact figures, but I'm under the impression that much larger amounts are directed toward development assistance. The way that we construct our budget, it looks as if military assistance is a part of that, other factors are a part of that. That portion which goes to direct development assistance needs to be highlighted and enlarged.

But in addition to the national grants being made, for example, then you have the European Community which is a regional body, which is making available significant amounts of money. The European Community recently designated $200 million for children in Eastern Europe so that they have resources of a developmental nature that they can allocate, in addition to the national allocations that are being made.

Mr. PENNY. And the portion of their development assistance that is channeled through PVO's, do you have a handle on that? I mean, you stressed that they seem to be allocating a much larger share of their foreign assistance budget to developmental aid. You didn't indicate how much of that they were in a sense handing off to private groups.

Mr. MCCLEARY. Yes. I don't have an exact percentage in mind, but in several instances it is most of the development assistance provided by that country.

Mr. PENNY. And do you think that they have sincerely divorced their national security or other considerations from their developmental aid programs by the way they've structured it? It just seems to me you can structure it in a way where you've got an independent agency, but is it really independent when they are appointed by the same administration, et cetera?

Mr. MCCLEARY. It has a far larger degree of independence than I think our Agency for International Development has.

Mr. PENNY. Does anybody else want to pursue that question?

Mr. KATES. I don't know the answer.

Mr. PENNY. You don't know the answer to how much of theirs is going through private groups?

Mr. KATES. No, but it would be nice to try to find out and make a submission if we can.

Mr. McCLEARY. Those figures are available, I just didn't come equipped with the figures.

Mr. PENNY. It just seems to me that we have so many viable long-standing groups that are involved in development work around the globe that we don't need to reinvent the wheel to the degree that they are performing the same types of projects or immunizations, that we would provide through A.I.D. personnel. We should take advantage of that.

Are there legitimate areas in which we may not want to hand that off to private voluntary groups and might need to keep it under Government control?

Mr. KATES. I'd like to take a crack at that, and it relates to some of the previous questions on NGO's. It seems to me that one of the challenges of achieving these kinds of goals or mobilizing the new forces of energy, over and beyond the traditional ones that we've relied upon, is how to bring the grassroots and the summit together.

This is the real challenge. You endanger the grassroots, in part, by the summit. We have to mobilize internationally. We have to have the planning process that my colleagues described. We cannot hope to affect millions and millions of people in a timeframe of a decade without working from the top down, and yet we can stifle many of the grassroots initiatives precisely by these enormous mechanisms that we create.

So I think there's much to be learned and nobody really knows the answer. But one point in relationship to our chairman's question about what we can do help is the whole issue of democracy. It's very clear that in many countries the so-called grassroots, the indigenous NGO's, often work under very trying conditions within their own political framework.

And I would think that in the next decade, as we move away from the issues of democracy in Eastern Europe, we will be very much more critical, if you would like, on what is happening in Africa in many countries. And we will see African states and African voices raised in their own behalf, calling for a more democratic system.

One of the things we can do is to try to reinforce the positions of the indigenous grassroots organizations in those countries in a variety of ways. We can try to legitimate those voices, in terms of how we give out aid, in terms of who we visit when we go to a country, in terms of the quiet messages that are passed to countries, many of which are large recipients of aid.

This is an example again of something that doesn't cost anything but is a very useful thing we can do to assist this enormous outrush of Third World indigenous NGO's. There are 10 networks of NGO's in the Philippines alone, 10 separate networks of people, that communicate, send letters, and act together. It's an incredible flowering—and we need to make sure that it doesn't become stifled even by our own good intentions. Democracy will help.

Mr. PENNY. What do you expect to come out of this weekend's summit? Did you speak to that earlier? If so, I apologize, but as experts in the field, what's a realistic expectation of this weekend's summit of 77 world leaders on children's issues?

Mr. KATES. Just to start—I'm sure my colleagues will have other things to say as well.

I think of a number of things; first is to achieve global agenda, if you will, for children, and to agree on and have consensus on these issues that most affect children, to accept global goals to be able to reach these, to be able to set everyone moving in the same direction, whether it is done from governmental, nongovernmental levels, private organizations, or other multilateral and multinational organizations.

I think that we will be able to set everything in movement toward these goals—that's really what I envision that will come out of this. And I think it's an extraordinary opportunity and a responsibility that we will all have once we leave the summit.

Mr. MCCLEARY. I think I would add two things. This is the first time that a summit has been held on a humanitarian issue, and it is the largest summit ever to be held. There has not been as many heads of state at a summit in any other instance.

What it means is that if we are moving into a new world order, if we are moving away from the traditional paradigm which has structured our relationships for 40 to 50 years, what UNICEF is suggesting, by supporting this summit, is that we need to make now a first claim on the world's resources for children.

The least expensive impact to produce change is to spend money on children. If you spend it on immunization, you don't spend it on curative. If you're spending it on preventive education and so on, then you don't have to spend it on remedial. So what UNICEF is suggesting in its support of this summit to the heads of state is, "Let's put a first claim on the resources of every nation of the world for the children of the world."

And if we did that for this generation we would, then, be transforming human society on into the future, because we would be lowering the cost of medical care delivery, we would be dealing with more productive means and so on if these goals that have been outlined for the summit in any way begin to be met.

So the hope is that we begin to mobilize the political will at the national level for the reallocation of resources by putting children first. And in terms of that, then, we look at lower costs later on for corrective, curative, and remedial that we're dealing with in our inner cities and other levels today.

Mr. KATES. It's very hard to add to that eloquent statement. I would like to say one additional thing.

One of the great insightful things that we've learned from, what has been called the lost 1980's is that it's possible for all kinds of systems to make progress on these types of goals. And the three countries that have led in achieving child survival goals in this hemisphere have been Chile, Costa Rica, and Cuba.

And you could hardly imagine a more diverse group of countries than Chile under Pinochet, Cuba under Castro, and Costa Rica, which we see as the most democratic of all our southern neighbors. And yet, all three of them, under very, very differing systems found a way to make children central, and to make child survival central within their systems.

I think if that can spread to the 77 leaders that will be assembled, that kind of insight and that kind of possibility will be an enormous step forward.

Dr. KIM-FARLEY. I'm sorry. If I might be permitted, Mr. Chairman, just to mention, also, that Dr. Nakajima, the director general of the World Health Organization made a statement in terms of the World Summit, saying, "It really provides an extraordinary opportunity, an extraordinary responsibility. Never before have we had such an opportunity to acquaint world leaders with what can be done for mothers and children if we apply what we know now and invest in new knowledge through research. It is also our responsibility as technical experts to make clear that the actions and investments considered by the summit are essential to the future of our planet—again, this issue of the extraordinary responsibility and opportunities." Thank you.

Mr. PENNY. If I might digress, I want to get back to the question surrounding greater utilization of PVO's in delivering assistance. There was some reference earlier to the ability of PVO's to network and coordinate and that, clearly, would have to be accomplished if our Government were to funnel a larger share of its developmental assistance in that fashion.

Are there some risks here as well, though? And I'm just going to throw out a couple possibilities. Could we find certain PVO's growing and strengthening as a result of their collaboration with our Government in delivering assistance on our behalf to the detriment of other smaller PVO's that maybe don't have the same capacity around the globe?

I mean, are we going to be picking winners and losers here? And if so, is that a good thing?

And second, are we going to be creating a situation in which the PVO's become too reliant on Government money and thereby lose some of their unique ability to deliver and to respond as they traditionally have?

Mr. MCCLEARY. I'll attempt an answer. Let me begin by saying the organization of which I'm a part has a policy not to take Government money, so we would be one of those which would not be involved in a request to aid for funding. It isn't that we would oppose others receiving it; we have just made a decision ourselves that we would not become involved.

And certainly there are risks involved. There always are in any decision one makes. But there are several factors of importance. One is that the PVO community is based on volunteerism. The comment made earlier was the need to find ways to reinforce the movement for democracy around the world. And the way we do that is by involving people and preparing them to participate in social structures.

And in one of the places, for example, Eastern Europe, where that is entirely lacking at the present time, except perhaps, for Poland, with the existence of Solidarity. A PVO offers an opportunity for the encouragement of volunteerism and the reinforcement of democratic processes at the grassroots.

There is the possibility that there might be some vying for funds, but there are always mechanisms that could be put in place to balance that off, just as there would be the need for balance between

PVO's that deal with population issues, those of us who deal with development issues, and those that deal either with refugee or environmental issues.

So some balance would also need to be given within that distribution of resources to the kind of specialization that the PVO's become involved in, but I would say by my first remark that there are certainly values that are emerging in this new world order that would be reinforced by our looking at new ways of distributing or participating in international development.

And one of those might be for greater participation of the PVO community, or finding other ways of giving leadership through the leadership of ideas, rather than the expenditure of funds and development projects themselves.

Mr. KATES. Where PVO's simply emerge as contractors and are viewed as our beltway friends—somebody just hired to do a job—then I think there is significant danger that they lose their traditional basis and creativity. Where PVO's are able to help fashion programs and projects, are able to make the crucial link to indigenous organizations, that's the place where they can make their most contribution.

Currently, our best figures say there are something like $3.3 billion a year that comes out of the voluntary PVO community, quite separate from official development assistance. And about half of that comes out of the United States. I don't think we would like to see that loss of creativity.

On the other hand, there is this real challenge of how to harness that enormous diverse and collective community to a few simple, achievable goals, and there's a real tension, as you've noted.

Mr. PENNY. I have no further questions. Thank you.

Mr. HALL. Mr. Conable, the president of the World Bank, made a speech yesterday to his board of governors of the World Bank group. And there are some wonderful statements in here about the poor, and I won't read them to you, but it's not just one paragraph or two paragraphs. Practically the whole speech deals with poverty. And they mention funding. The World Bank is rapidly increasing its lending for the social sectors, primary education. They are tripling their lending to basic health care, family planning, and nutrition.

It just goes on and on and on. And I think it's a good example of a major bank starting to lead. We're pushing them to spend more of their money on primary, and child survival activities. And they are starting to increase that.

But I think that they have come a long way in the last few years in starting to talk more about poverty and the poor, and to start to develop their own plan. You know, a few years ago, you could read a speech like this and at the opening they'd have something like, "World Bank is involved in alleviating poverty," and then the rest of the speech, there would be nothing said about it.

It would be all economics, which is important, but there would be nothing about alleviating poverty, except right at the front. Gradually, they are starting to increase their aid toward these areas that you men have been talking about today, which is really good.

Here's an example of a world leader that's starting to turn it around and we want them to move a little bit faster, but the fact is

there are some good signs here. We need to work together. We really do.

We thank you for your input and what you're doing and please continue to stay in touch with us. We'll stay in touch with you. Thank you.

[Whereupon, at 11:25 a.m., the committee was adjourned.]

[Material submitted for inclusion in the record follows:]

I

101ST CONGRESS
2D SESSION

H. R. 5596

To help end unnecessary child illness, suffering, and death.

IN THE HOUSE OF REPRESENTATIVES

SEPTEMBER 12, 1990

Mr. HALL of Ohio (for himself, Mr. EMERSON, Mr. DORGAN of North Dakota, Mr. GILMAN, Mr. ESPY, Mr. SMITH of New Jersey, Mr. PENNY, Mr. ACKERMAN, Mr. MCNULTY, Mr. FALEOMAVAEGA, Mr. AUCOIN, and Mr. WHEAT) introduced the following bill; which was referred jointly to the Committees on Foreign Affairs, Banking, Finance and Urban Affairs, and Education and Labor

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A BILL

To help end unnecessary child illness, suffering, and death.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Universal Childhood Security Act".

TITLE I—FOREIGN ASSISTANCE PROGRAMS

SEC. 101. FINDINGS.

The Congress finds that—

(1) the health, well-being, and normal development of children must be among the highest priorities of the foreign assistance programs of all international donors, as it must be among the highest priorities of developing countries themselves;

(2) children, particularly those from poor families in the poorest countries, continue to suffer from abnormally low growth, poor health, lack of basic educational opportunities, and, too often, early death;

(3) according to UNICEF, in the 37 poorest countries in the world, spending per capita on education has declined by approximately 25 percent in the last decade while spending per capita on health care declined in more than three quarters of the nations of Latin America and Africa;

(4) of the 14,000,000 children in developing countries who die each year, 10,000,000 could be saved from death by low-cost, easy to administer treatments for such common causes of child death as diarrhea, respiratory infections, measles, and neonatal tetanus;

(5) low-cost, effective child survival activities (such as immunizations; oral rehydration therapy; use of simple antimicrobial medicines; breastfeeding promotion; growth monitoring; child spacing; use of vitamin A, iodine, and other micronutrient interventions; and

targeted efforts to reduce malnutrition) are effective and could save the lives of most of the children under 5 who now die;

(6) UNICEF estimates that a program to prevent the great majority of child deaths and child malnutrition over the next decade requires an increase of assistance from all concerned governments and agencies, and of support from developing country governments, of $2,000,000,000 to $3,000,000,000 a year;

(7) the United States Government has led in promoting efforts to improve child survival and development;

(8) in order to end the ongoing tragedy of unnecessary child death, all bilateral and multilateral donors, private agencies, and developing countries must join in an international effort;

(9) the purpose of increased United States Government contributions for child survival and development, including support of basic education activities, is to lead other donor countries, multilateral organizations, and others to adopt commensurate increases in their own child survival and development programs;

(10) without international cooperation from donor countries, multilateral organizations, private and voluntary organizations, and developing country govern-

ments, including necessary increases in financial commitments to child survival and development programs, millions of children will continue to die unnecessarily over the next decade;

(11) the World Declaration on Education for All, adopted by consensus at the World Conference on Education for All held in Thailand in March 1990, states that more than 100,000,000 children, including at least 60,000,000 girls, have no access to primary schooling;

(12) at the World Conference on Education for All, the World Bank agreed to double its commitment to education to $1,500,000,000 per year, with most of that amount supporting basic education, and UNICEF agreed to quadruple its support to basic education over the next decade;

(13) the United States is the largest bilateral donor supporting basic education, and therefore is in a leadership role;

(14) it would be desirable for the President to announce a basic education initiative similar to those already agreed to by the World Bank and UNICEF, the leading multilateral organizations;

(15) according to the World Bank's World Development Report 1990, effective and sustainable efforts

to achieve rapid and politically sustainable improvements in the quality of life for the poor must include the widespread provision of basic social services, especially primary education and primary health care; and

(16) the World Bank, which provides approximately $24,000,000,000 in assistance each year to developing countries, is the largest provider of such assistance, and therefore possesses a great capacity, through its action and policies, to leverage greater sums from other multilateral organizations and bilateral donors.

SEC. 102. UNITED STATES FUNDING FOR INTERNATIONAL CHILD SURVIVAL AND DEVELOPMENT ACTIVITIES.

(a) CHILD SURVIVAL ACTIVITIES.—Of the aggregate amounts made available for United States development and economic assistance programs—

(1) not less than $225,000,000 for fiscal year 1991,

(2) not less than $275,000,000 for fiscal year 1992,

(3) not less than $335,000,000 for fiscal year 1993,

(4) not less than $405,000,000 for fiscal year 1994,

(5) not less than $490,000,000 for fiscal year 1995, and

(6) not less than $600,000,000 for fiscal year 1996,

shall be available only for child survival activities, including those authorized under section 104(c)(2)(A) of the Foreign Assistance Act of 1961.

(b) BASIC PRIMARY EDUCATION ACTIVITIES.—Of the aggregate amounts made available United States development and economic assistance programs—

(1) not less than $100,000,000 for fiscal year 1991,

(2) not less than $125,000,000 for fiscal year 1992,

(3) not less than $155,000,000 for fiscal year 1993,

(4) not less than $195,000,000 for fiscal year 1994,

(5) not less than $245,000,000 for fiscal year 1995, and

(6) not less than $300,000,000 for fiscal year 1996,

shall be available only for programs in support of basic primary education, including teacher training and other necessary activities in support of basic primary education.

SEC. 103. WORLD BANK SUPPORT FOR CHILD SURVIVAL AND DEVELOPMENT.

It is the sense of the Congress that the World Bank—

(1) should give greater programmatic and budgetary priority to child survival and development, including support of basic education activities; and

(2) in particular, should commit itself to devoting 5 percent or more of the amount of the Bank's annual lending programs to primary health and 5 percent to primary education.

SEC. 104. DEFINITIONS.

As used in this title—

(1) the term " United States development and economic assistance programs" means assistance authorized by chapter 1 of part I of the Foreign Assistance Act of 1961 (relating to development assistance), including assistance made available for "SUB-SAHARAN AFRICA, DEVELOPMENT ASSISTANCE" or any subsequent, corresponding appropriations account under part I of that Act, and assistance authorized by chapter 4 of part II of that Act (relating to the economic support fund);

(2) the term "UNICEF" means the United Nations Children's Fund; and

(3) the term "World Bank" means the International Bank for Reconstruction and Development and the International Development Association.

TITLE II—DOMESTIC PROGRAMS

SEC. 201. FINDINGS AND SENSE OF CONGRESS REGARDING AUTHORIZATION OF APPROPRIATIONS FOR WIC PROGRAM.

(a) FINDINGS.—The Congress finds that—

(1) key health indicators in the United States—the infant mortality rate, the percentage of babies born who are of low birthweight, the accessibility of prenatal care for pregnant women, the proportion of children who are properly immunized, the extent of malnutrition among children, and the percentage of children who have access to basic health care—demonstrate that the health of infants and children in the United States, compared to infants and children in most other developed countries, is not satisfactory;

(2) the child health goals for 1990, established in 1979 by the Surgeon General, have not been met, and, in fact, most recent data demonstrate that the rate of progress in the United States with respect to almost all indicators has declined in the past decade;

(3) the special supplemental food program for women, infants, and children (in this title referred to as

the "WIC program"), which provides supplemental food, nutrition education, and referral to health care to low-income pregnant women, new mothers, infants, and young children at nutritional risk, is an effective preventive program which improves the health of America's infants and children;

(4) the WIC program has been shown to reduce the infant mortality rate, the percentage of infants born who are of low birthweight, the incidence of malnutrition, and the number of premature births, and to increase the number of women seeking early prenatal care, the number of infants receiving immunizations, and the likelihood of a child having a regular source of medical care;

(5) the WIC program is cost effective, as demonstrated by—

(A) the National Bureau of Economic Research, which concluded that after prenatal health care, WIC is the most cost-effective way known to reduce infant mortality;

(B) the Harvard School of Public Health, which found that each dollar spent on the prenatal component of the WIC program saved $3 in hospitalization costs associated with infants born who are of low birthweight; and

(C) the Missouri Department of Health, which found that each dollar spent on the prenatal component of the WIC program resulted in a savings of 49 cents in costs incurred by the medicaid program for infants 45 days old or younger;

(6) preventive health services available through WIC are also cost-effective, as demonstrated by—

(A) a 1985 study by the Institute of Medicine, which reported that each dollar spent on prenatal health care for certain high-risk women yielded a savings of $3.38 ir the cost of medical care for low-birthweight intants;

(B) a 1984 study by the Children's Defense Fund, which reported that it costs approximately $35 per month to provide an infant with a complete nutritional package, versus a cost of about $1,400 per week to hospitalize an infant for treatment of malnutrition; and

(C) a 1986 report by the Office of Technology Assessment, which estimated that the health care system in the United States could, by strengthening investment in early prenatal care, save between $14,000 and $30,000 per infant annually in terms of hospital expenses incurred by a low-birthweight infant during the first year of life;

(7) the WIC program is targeted toward low-income infants and children, who are twice as likely as higher income children to be born at low birthweight, 2 to 3 times more likely to experience postneonatal mortality, and 3 times more likely to have delayed immunizations;

(8) the WIC program is strongly supported by a wide range of organizations and individuals, such as the Committee on Economic Development, the National Commission to Prevent Infant Mortality, former Presidents Gerald R. Ford and Jimmy Carter, the Council on Competitiveness, and the Child Nutrition Forum;

(9) the Nation's future lies with its infants and children, who are among the Nation's most vulnerable citizens;

(10) the Nation's budget priorities should reflect a strong commitment to the infants and children of the Nation;

(11) the WIC program reaches only about half of the eligible population;

(12) for the benefit of the Nation's children—and thus, the Nation's future—it is necessary to increase participation in the WIC program by 20 percent in each of the next 5 years, in order to reach the goal of

full participation, defined as participation by 85 percent of all eligible persons, by the end of the fiscal year 1995; and

(13) according to a September 1990 estimate by the Congressional Budget Office, in order to reach the goal of full participation by the end of the fiscal year 1995, amounts must be appropriated for the WIC program—

(A) for the fiscal year 1991, in an amount that is not less than $285,000,000 above current services;

(B) for the fiscal year 1992, in an amount that is not less than $319,000,000 above current services;

(C) for the fiscal year 1993, in an amount that is not less than $358,000,000 above current services;

(D) for the fiscal year 1994, in an amount that is not less than $400,000,000 above current services; and

(E) for the fiscal year 1995, in an amount that is not less than $446,000,000 above current services.

(b) SENSE OF CONGRESS.—It is the sense of the Congress that the Congress should make a commitment to in-

creasing participation in the WIC program by 20 percent per year in each of the years 1991, 1992, 1993, 1994, and 1995, so that the goal of full participation may be reached by the end of the fiscal year 1995.

SEC. 202. FINDINGS AND SENSE OF CONGRESS REGARDING SUPPORT FOR EARLY CHILDHOOD EDUCATION AND CHILDHOOD DEVELOPMENT THROUGH THE HEAD START PROGRAM.

(a) FINDINGS.—The Congress finds that—

(1) since its inception in 1964, the Head Start Program has established an impressive record in providing preschool-aged children from low-income families with comprehensive services to address educational, social, nutritional, and health needs, such that students who participate in Head Start programs—

(A) are less likely to be enrolled in special or remedial education classes;

(B) are more likely to be enrolled in gifted and talented programs; and

(C) are much less likely to drop out of school, become involved in crime, or receive welfare benefits; and

(2) recognizing that in the fiscal year 1989 the Head Start program served only 20 percent of eligible 3-, 4-, and 5-year-old children, in the 101st Congress

legislation (H.R. 4151) was developed and passed by the House of Representatives authorizing expansion of the Head Start Program to enable all eligible 3- and 4-year-old children, and 30 percent of eligible 5-year-old children, to participate in the Head Start Program by the fiscal year 1994, thereby increasing participation rates of 3- and 4-year-old children to—

(A) 35 percent in the fiscal year 1991;

(B) 60 percent in the fiscal year 1992;

(C) 80 percent in the fiscal year 1993; and

(D) 100 percent in the fiscal year 1994.

(b) SENSE OF CONGRESS.—It is the sense of the Congress that the Congress should follow through on its commitment to provide full funding for the Head Start program so that the goal of participation of all eligible 3- and 4-year-old children can be reached by the fiscal year 1994.

○

PREPARED STATEMENT OF HON. TONY P. HALL, A REPRESENTATIVE IN CONGRESS FROM THE STATE OF OHIO

Good Morning. The Select Committee has had many hearings since it was formed 6 years ago where we have heard about the remarkable progress made by UNICEF, the World Health Organization, private voluntary organizations, and AID in efforts to end hunger and save the lives of children and their mothers. Today we want to look into the future and try to get a sense of what can be accomplished over the next decade. We will hear from experts from the World Health Organization and Brown University on the goals they think the world can reach. We will hear from AID what they think the U.S. contribution should be towards ending unnecessary child suffering and death. And we will hear from the director of a prominent private voluntary organization how his PVO plans on helping people during the 1990's.

The Bellagio goals--eliminating famine deaths, ending hunger in half of the poorest households, cutting malnutrition in half for mothers and small children, and eradicating vitamin A and iodine deficiencies--all by the end of this decade, could serve as a focus for U.S. development assistance. Indeed, the Vitamin A Deficiency Program--initially advocated by this Committee and, we hope, funded at $10 million for FY 1991--is the leading program for vitamin A among country donors.

The World Summit for Children will take place in New York in just a few days. The Summit will certainly produce an expanded list of goals for the 1990's. Goals are important. But they only matter if they produce **action**. It is my opinion that we have the strategies to meet the Bellagio--and other--goals over the next 10 years. But what I'm not so sure about, and the reason for this hearing today, is to find out if organizations like AID are planning to do what they can to implement these strategies so these goals become real.

I, and 17 of my colleagues are sponsors of a bill, the Universal Childhood Security Act, which provides for phased-in increases in AID's programs for child survival and basic primary education. The bill makes clear that the purpose of increases in U.S. funding for these programs is to **lead** the other donors to increase their funding. If this happens, we could meet the Bellagio goals.

I have seen children die. Nothing is worse. How much longer do we need to say that too many children in this world die from things like diarrhea--when an easy treatment would save those lives, and can't go to a decent school for long enough to learn how to read, write, and add? I want to be able to stand up on the floor of the House in a few years and say that fewer children are dying. That fewer mothers are dying in childbirth. And I want to be able to say by the end of this decade that we are well on our way to **ending** this problem. Thank you.

PREPARED STATEMENT OF BRAD LANGMAID, DEPUTY ASSISTANT ADMINISTRATOR, BUREAU FOR SCIENCE AND TECHNOLOGY, U.S. AGENCY FOR INTERNATIONAL DEVELOPMENT

Mr. Chairman, this Saturday and Sunday President Bush will join more than 75 other heads of state at the historic World Summit for Children in New York. This will be the largest meeting of heads of state since the Congress of Vienna and the first high-level meeting ever to focus on the needs and rights of children.

The Agency for International Development fully endorses the goals stated in the Declaration and Plan of Action for the World Summit for Children. The principles are entirely consistent with A.I.D. policies and strategies in support of children.

A.I.D. is particularly pleased with the comprehensive character of both the World Summit's Declaration and Plan of Action and the Declaration on Education for All. There is now global

consensus on the importance of basic education, broadly defined, and the need to begin education in early childhood and continue through primary and secondary schooling and into lifelong learning as adults. The commitment to basic education for all means providing opportunities at all levels. It requires the participation of communities, the private sector, and all leaders, not just educators.

Are the educational goals set forth in the Declaration attainable by the end of the decade? We think they are, but only if there is a serious, systemic reform effort by the developing country itself--at both national and local levels--and a coordinated international effort of technical and financial support.

Overall, we believe that many of the education goals and the goals for child survival and nutrition, as proposed by UNICEF, are achievable in most countries by the year 2000. The Summit's Plan of Action calls for adoption of the goals by countries--and I quote--"where they are applicable, with appropriate adaptation to the specific situation of each country." We believe that putting the focus on countries to

set priorities is critical to achieving the goals. A.I.D. is helping countries which seek our assistance to examine their needs and set priorities. Within the limits of our funding and competing priorities such as the environment, food and agricultural assistance and family planning, we are also helping countries implement programs to achieve education, health and nutrition goals set at the country level. Another set of goals, mostly addressing hunger and malnutrition, was proposed for the 1990's in the Bellagio Declaration. The Declaration called for elimination of deaths from famine, the end of hunger in half the poorest households, a 50 per cent reduction in malnutrition for mothers and small children, and the eradication of iodine and vitamin deficiencies.

A.I.D. is working on these problems in cooperation with other bilateral and multilateral organizations. As this committee is aware, A.I.D.'s Office of Foreign Disaster Assistance coordinates the U.S. response to countries faced with impending famine. The PL-480 Title II programs, in which A.I.D. plays a major role, are used to provide food assistance, both when famine threatens and to deal with more persistent problems of hunger and malnutrition.

A.I.D.'s agricultural assistance programs address longer term food security needs of developing countries--through policy analysis and reform, research on technological and other factors that limit developing countries' food production, technology transfer, and institution building. Our population/family planning programs help developing country couples limit the number of their children to those they believe they can feed and support. Our nutrition program specifically addresses the most prevalent nutrition problems: protein-energy malnutrition; Vitamin A deficiency diseases and other micronutrient deficiencies.A.I.D. will continue to support programs in these areas. I am pleased that the occasion of the Summit has provided an opportunity to address the needs of children, and at the same time highlight A.I.D.'s role in child survival and development.

A.I.D. has been and will continue to be a leader in promoting the health, nutrition, education and well-being of children in developing countries.

A.I.D.'s programs over many years have included:

--Child survival

--Health and nutrition, including breast-feeding and vitamin A.

--Family planning

--Basic education

--Women in development

--Environmental protection

--Poverty reduction, and

--Famine relief and

--Drug awareness and education..

A.I.D. has participated actively in the U.S. government's inter-agency working group on the Summit. We have taken the lead on behalf of the United States in drafting the Summit Declaration and Plan of Action. Most important, A.I.D. is supporting the Summit's goals with new programs

A new initiative commits A.I.D. to intensify its attention to measles immunization within the current expanded immunization program in order to have maximum impact on child survival in developing countries. We are developing a strategy for A.I.D.'s role in the global goal of "95 by 95"--that is, a 95

percent reduction in measles deaths by 1995.

In a second initiative we are working with the Department of Health and Human Services to focus U.S. research efforts on improved children's vaccines. U.S. vaccine research is carried out in cooperation with international efforts led by the World Health Organization. A.I.D. and HHS will also fund a study by the National Academy of Sciences Institute of Medicine to examine the financial, legal, regulatory, and other constraints to developing better vaccines. Through this study and in other ways, A.I.D. is encouraging vaccine manufacturers to participate in this world effort.

A.I.D.'s nutrition program also supports the goals of the Summit. An improved monitoring system was designed this year to determine which populations are at risk of famine and malnutrition. Other programs aim to improve feeding of infants and children in the poorest households and the nutritional status and literacy of poor women of child-bearing age.

We are also putting special emphasis on making a significant reduction in nutritional blindness and other vitamin A deficiency diseases during this decade.

In education, too, A.I.D. fully supports the Summit goals. As the committee may be aware, the education goals stated in the annex to the Summit Plan of Action are derived from the declaration on Education for All (EFA), adopted at the world conference held in Thailand last March.

The United States was the first national co-sponsor of the Education for All conference. I am proud that A.I.D. played a leading role in the conference and in the drafting of the declaration.

Mr. Chairman, the achievement of all the goals in the World Summit and Bellagio conferences by the year 2000, or even sooner, would be a most desirable outcome. However, I must point out what perhaps is obvious--that there are many calls upon A.I.D.'s relatively meager resources. Goals have also been set for combatting environmental degradation and addressing global climate change, deforestation and diminishing biological diversity. All of these things cannot be attained simultaneously, even with a larger budget. There must be trade-offs among competing priorities.

An earmark directed at child survival might come from our struggle to control the spread of AIDS or from our efforts to

reduce global warming. Or to save the tropical forests and preserve biological diversity. Or to increase food production. Or to encourage small enterprises. Mandated or earmarked funding, while giving the appearance of ensuring commitment to "priority programs," adds to inefficiency--for A.I.D. in managing foreign aid funds and for countries in managing their limited resources. Developing countries need integrated, not separate, programs for activities that naturally go together. That way they can marshal their own scarce resources with those received from us and other donors.

One of the great lessons learned from decades of providing foreign economic assistance is that each country is different. Each country must set its own national priorities among the many things that must be accomplished. This understanding of the development process requires us to have more, not less, flexibility. As the world declarations we are discussing today demonstrate, there is global commitment to the common goals of improving the health, nutrition and education of children. The pace at which the goals can be achieved in each country requires not only commitment, but also understanding.

Finally, Mr. Chairman, I would like to emphasis that A.I.D. is just one actor in international development. We cannot, nor should we try, to do everything ourselves. Other donor countries, and other multilateral development organizations, must also do their part. In many cases, the different donors can play a complementary role, using their individual comparative advantages to increase the effectiveness of scarce development resources. A.I.D. has worked hard to foster this donor coordination.

I am pleased that these cooperative international efforts have resulted in the World Conference on Education for All and the World Summit for Children. If the developed and developing countries work together as well in the future, we can reach the stated goals. We can provide a better life for individuals in all nations.

PREPARED STATEMENT OF ROBERT KIM-FARLEY, M.D., DIRECTOR, EXPANDED PROGRAMME ON IMMUNIZATION, WORLD HEALTH ORGANIZATION, GENEVA

GLOBAL OVERVIEW

1. Introduction

As the decade of the 1990s begins, the Expanded Programme on Immunization (EPI) has already achieved a remarkable success. Immunization services which reached less than 5% of children in the developing world when the EPI was established in 1974 are now, for the first time in history, surpassing the 70% mark for a third dose of polio or DPT vaccines for children reaching the first year of life (Table 1, figure 1). In developing countries alone, coverage stands at 73% for a third dose of polio and 71% for DPT vaccines, 81% for BCG, and 66% for measles vaccine.

However, the lowest coverage rates continue to be documented for tetanus toxoid (TT) among pregnant women: in developing countries, only 31% are reported as having received two or more doses. Technical problems remain in accurately determining this coverage rate linked with different target groups for TT immunization in various countries. It is certainly an underestimate of actual tetanus protection, as doses of TT administered before the most recent pregnancy have not generally been considered in assessing immune status. Nevertheless, it is equally certain that TT coverage remains far too low.

At these coverage levels, it is estimated that the EPI currently prevents some 2.6 million deaths each year from measles (1,651,000), neonatal tetanus (445,000), and pertussis (515,000), as well as some 409,000 cases of poliomyelitis (Table 2).

These accomplishments provide optimism that, with a possible exception of TT, the goal of achieving at least 80% coverage with all EPI antigens by the end of this year can be reached. The urgency for continuing to raise immunization coverage levels is underlined by the persistence of an estimated 2.6 million deaths each year due to measles (1,366,000), neonatal tetanus (767,000), and pertussis (490,000) and over 180,000 cases of paralytic poliomyelitis which are preventable through immunization (table 3).

It should be emphasized that the progress of the EPI is directly attributable to the efforts that Member States, WHO, UNICEF and other United Nations Agencies, bilateral development agencies, and non-governmental organizations have made in building a coalition to implement the activities required to achieve and sustain the goal of reducing morbidity and mortality by providing immunization services for all children of the world.

2. Challenges to be addressed during the 1990s

In May 1989, the Forty-Second World Health Assembly set the agenda for the EPI for the 1990s in resolution WHA42.32 (Annex 1). Six major challenges to be addressed during the decade were cited:

- achieving and sustaining in all countries full immunization coverage with all the antigens used by the EPI;

- controlling the target diseases, including the global eradication of poliomyelitis by the year 2000, the reduction of measles by 90% compared with pre-immunization levels, and the elimination of neonatal tetanus by 1995;

- improving surveillance to provide accurate assessment of the progress of the programme;

- introducing within routine national immunization services new or improved vaccines as these become available for public health use;

- promoting other primary health care practices which are appropriate for the programme's delivery system and target populations;

- research and development in support of the above.

The major concern of the EPI continues to be raising and sustaining immunization coverage. This resolution urges all Member States to continue their vigorous pursuit of the aim of providing immunization services for all children of the world in the hope that coverage levels under the EPI will surpass 80% in all countries/areas by the end of 1990 and that levels of 90%, in the context of comprehensive maternal and child health services, can be achieved by the year 2000. High and uniform levels of immunization coverage provide the foundation on which specific efforts at disease control can be mounted, and ensure that disease control, once achieved, can be maintained.

Progress and recommendations on these challenges are as follows:

3. Achieving and sustaining full immunization coverage

The EPI Global Advisory Group (GAG), during its October 1989 meeting in Tokyo, recommended that basic health service needs for raising and sustaining immunization coverage include:

- improving the management of health services (decentralizing responsibilities and providing training/supportive supervision to the health workers who provide immunizations);

- making primary health care services more accessible; and

- informing and motivating the public, specifically recognizing that fathers, as well as mothers, have important health roles to play.

Priority actions specific to immunization include:

- immunizing at every opportunity;

- reducing drop-out rates; and

- using special immunization activities where routine coverage remains low and/or disease transmission has not been interrupted.

4. Controlling the target diseases

A major challenge will be the need to keep the disease eradication, elimination and reduction initiatives balanced with the need to ensure that the EPI is promoting a sustainable health infrastructure that can deliver immunization and other PHC services on a continuing basis. This is especially true with the poliomyelitis eradication initiative, since it may be appealing to attempt eradication through mass campaign approaches. However, the goal of polio eradication was set with the intent of using the enthusiasm generated by this initiative to improve coverage levels for all the EPI antigens. If polio eradication were achieved only at the expense of lowered coverage against other EPI target diseases such as measles, neonatal tetanus and pertussis, it would not have been a service to countries struggling with these diseases that more significantly affect infant mortality rates. Each region, and each country within the regions, will have to determine its health priorities with regard to poliomyelitis eradication and seek a balance that continues to strengthen the EPI as a whole within the context of primary health care. As the decade closes, it is anticipated that intensified international efforts will be required to eradicate polio from those countries and areas in countries where transmission remains endemic.

Measles

In May 1989, the World Health Assembly adopted a Resolution (WHA42.32) to reduce measles incidence by 90% (compared with pre-immunization levels) by 1995 (Annex 1). The EPI GAG, in its 1989 meeting, noted that measles before the age of 9 months continues to be a major cause of morbidity and mortality in a number of developing countries. At the same time, measles immunization has altered the epidemiological patterns of disease so that an increasing proportion of cases occurs in older age groups. In many countries, immunization programmes have reduced measles incidence to such an extent that health workers and the public expect measles outbreaks not to occur, and outbreaks generate strong political and social pressure to respond that cannot be ignored. Countries which have reached moderately high coverage levels should be aware that future outbreaks in older children may occur. Outbreaks should be notified promptly to the appropriate health authorities and plans for their control should be developed which do not jeopardize routine immunization of younger children.

The EPI GAG also recommended that 'high titre' Edmonston-Zagreb (EZ) measles vaccine be administered at 6 months of age or as soon thereafter as possible in countries in which measles before the age of 9 months is a significant cause of death. 'High titre' is defined as 5.0 log10 infectious units when the titre has been measured in parallel with the WHO international reagent for measles vaccine and corrected appropriately. It is anticipated that increasing supplies of this vaccine will become available for use in developing countries over the next one to two years, in part through UNICEF.

Neonatal tetanus elimination

The May 1989 World Health Assembly Resolution (WHO42.32) also established the goal to eliminate neonatal tetanus (NNT) from the world by 1995 (Annex 1). The goal of elimination of neonatal tetanus will be pursued in ways which strengthen the EPI as a whole, fostering the development of maternal and child health programmes in primary health care. The strategy to achieve elimination is twofold: (1) achieving high levels of immunization coverage in women of child-bearing age with tetanus toxoid and (2) strengthening efforts to raise the proportion of clean deliveries (clean hands, clean delivery surface, and clean cutting and care of the umbilical cord). A neonatal tetanus consultative group jointly sponsored by EPI and MCH will make recommendations to both the EPI Global Advisory Group and the Steering Committee of the Safe Motherhood Initiative. The first meeting of the group will be held in September 1990 in Geneva. High priority areas for the consultation include: indicators to measure TT coverage and levels of protection against NNT in newborns, strengthening NNT surveillance and case investigation, and indicators for clean delivery.

Poliomyelitis eradication

In 1988, the World Health Assembly committed WHO to the goal of the global eradication of poliomyelitis by the year 2000 (Resolution WHA41.28). Much has been learned from the experience gained during the past five years in the Americas, which began its initiative for the regional eradication of poliomyelitis in 1985. It now seems likely that the endemic transmission of wild polioviruses will be stopped within the Americas by the end of 1990. This experience has permitted the rapid development of plans of action at global level and in each of the WHO Regions, as well as the development of plans in most of the polio endemic countries of the world. Manuals and training materials have been prepared or are under development, and a global network of reference laboratories for the diagnosis of polio is being established. It is expected that within the next five years, large areas of the world will become polio-free, leaving a few well-defined endemic areas which will be the focus of intensive eradication efforts during the final years of the decade. A consultative group on polio eradication is convened annually to assess progress and make recommendations on policy and strategy to the EPI Global Advisory Group. It is also anticipated that intensified polio research will be coordinated by WHO to develop improved vaccines with greater antigenicity and thermostability as well as diagnostic tests and methods for environmental sampling.

5. Improving surveillance

In the decade of the 1990s, there will be a need for increasing focus on improving disease surveillance to assess progress of the EPI, especially the progress in achieving the measles reduction, neonatal tetanus elimination, and poliomyelitis eradication targets. Surveillance will also help direct immunization activities to areas of greatest need. Such surveillance will include an appropriate mix of sentinel, routine, active and laboratory-based surveillance activities, and will be expanded to include new target diseases as new vaccines are incorporated into the EPI.

6. Introduction of new or improved vaccines

The list of additional vaccines, either already existing or still under development, appropriate for widespread use in developing countries, is quite large. Finding ways to make them affordable for developing countries is a major challenge for the future. It would be a great tragedy if vaccines which have their greatest impact in developing countries cannot be used in these countries because of the costs.

To date, the main cost of national immunization programmes has been in the support of the health care infrastructure required to use the vaccines rather than the cost of the vaccines themselves. It is estimated that it costs from US$ 5 to US$ 15 to fully immunize a child. The cost of the vaccines themselves is less than US$ 1. As newer vaccines are introduced, vaccine costs will increase due to the higher cost of some of the new or improved vaccines.

At present, hepatitis B vaccine is serving as a test of how such additional costs might be met. Although substantial price decreases are occurring, the cost is still about US$ 1 per dose, with 3 doses currently recommended for childhood immunization. The EPI has recommended that hepatitis B vaccine be included in routine childhood immunization programmes in populations which have a chronic carrier rate of over 2%, with the proviso that the resources are available to initiate and sustain this activity.

WHO is working in partnership with UNICEF to develop a mechanism whereby the UNICEF tendering mechanism would be used to purchase hepatitis B vaccine on a reimbursable procurement basis. Countries that are currently purchasing the vaccine would be encouraged to buy the vaccine through this UNICEF tender and bilateral aid agencies would be encouraged to buy vaccines for recipient countries through the UNICEF mechanism, thereby lowering world prices. Lowered prices will mean that additional countries will be able to afford the vaccine and increase the total demand for the vaccine.

7. Promotion of other primary health care practices

Together with the WHO Division of Family Health and the Diarrhoeal Disease Control Programme, EPI developed a teaching module on child spacing which can be introduced into training courses in developing countries dealing with EPI, diarrhoeal disease control and/or maternal and child health. EPI also supports the use of oral rehydration for diarrhoea, breast feeding and growth monitoring. In the past three years, the EPI has taken active steps to promote the use of vitamin A and iodine supplementation, seeking simplified ways to provide them through the contacts afforded

by immunization services. Progress is being made, but not as quickly as had been initially hoped, partly because supplementation is not yet as simple to administer (and monitor) as would be desirable.

8. Research and development

Research and development activities in support of the above-mentioned challenges to be addressed during the decade are an important activity of the EPI at all levels. Such research needs to be directed at solving operational problems in delivery of immunization services, disease surveillance and controlling the target diseases. In addition, research on improving vaccine thermostability and reducing the need to provide multiple doses is of particular interest.

9. Conclusion

The Expanded Programme on Immunization has entered into a new EPI decade filled with exciting challenges for those associated with the programme at all levels. Immunization, in both industrialized and developing countries, will continue to be an important element of national health care programmes as more and improved vaccines become available. Each dollar invested will bring returns of many more in avoided medical care costs, disability and death.

The global EPI and its partners stand ready to face the challenges to the EPI in this final decade of the 20th century.

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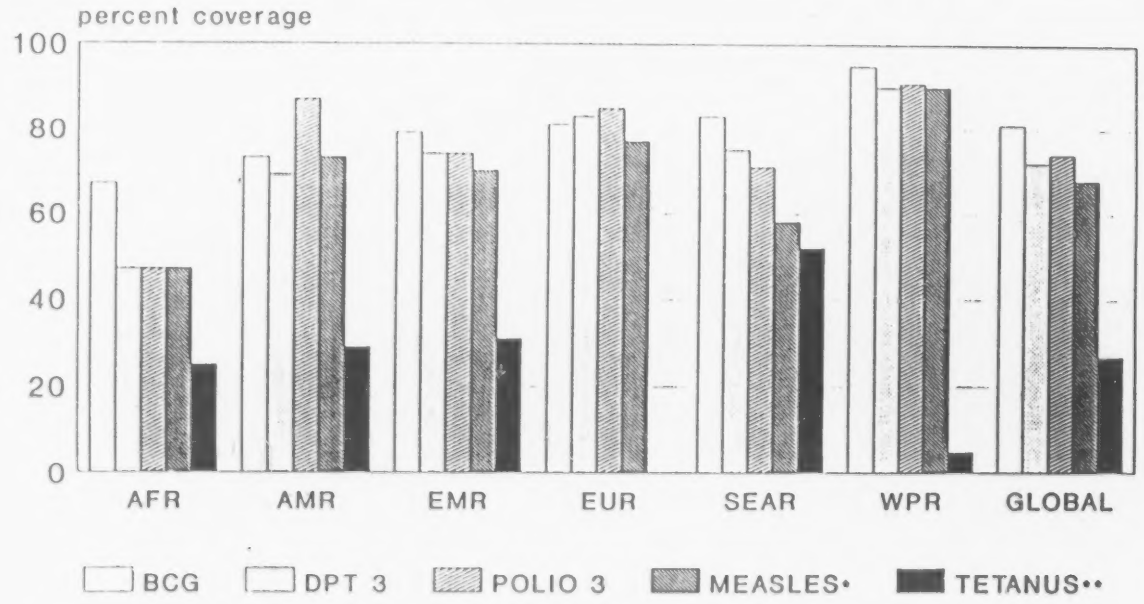
Immunization coverage of children less than 12 months of age by WHO Region July 1990



• up to 60 months of age in selected countries of AM, EU and WP Regions
•• tetanus toxoid (mothers)

Table 1

Estimated immunization coverage with BCG, DPT, poliomyelitis, measles, and tetanus vaccines based on data available as of July 1990.

Country Developing countries ranked by surviving infants.	Newborns surviving to 1 year of age (millions)	Cumulative percentage of infants	Immunization coverage (%)				
			Children less than 1 year of age				Pregnant women
			BCG	DPT 3	Polio 3	Measles*	Tetanus 2
1 India (9)	24.10	20	80	79	74	56	67
2 China (9S)	22.22	39	98	95	95	95	...
3 Pakistan (9)	4.98	43	78	71	71	63	32
4 Nigeria (8S&9S)	4.87	47	76	47	47	31	16
5 Indonesia (9)	4.46	51	81	71	74	65	41
6 Bangladesh (9)	4.18	54	98	54	53	58	37
7 Brazil (7&9)	3.95	58	66	51	96	56	62
8 Mexico (7&9)	2.40	60	80	65	96	85	42
9 Iran (9)	2.18	61	90	88	89	89	50
10 Philippines (9)	1.93	63	89	79	78	83	43
11 Viet Nam (9)	1.92	65	94	88	89	89	18
12 Egypt (9)	1.74	66	83	90	90	93	26
13 Ethiopia (9)	1.69	67	44	26	26	23	24
14 Zaire (7&8)	1.43	69	57	38	38	41	39
15 Turkey (9)	1.43	70	48	74	74	67	...
16 Kenya (7S)	1.21	71	86	75	75	60	37
17 Tanzania (9S)	1.19	72	93	85	82	83	42
18 Thailand (9)	1.18	73	98	84	84	66	70
19 Myanmar (9)	1.16	74	66	50	45	50	42
20 South Africa	1.01	75	...	...	...	...	...
21 Sudan (9)	0.97	76	51	41	41	34	25
22 Algeria (9S)	0.92	76	91	85	85	81	7
23 Colombia (9)	0.87	77	90	75	93	73	40
24 Morocco (9)	0.79	78	91	80	80	82	64
25 Rep. of Korea (8)	0.79	78	97	58	59	70	...
26 Argentina (9)	0.66	79	90	72	79	77	...
26 countries	94.23	79	84	75	77	68	35
Other developing countries	25.21	21	69	53	55	56	24
Total developing countries	119.44	100	81	71	73	66	31
Total industrialized countries	17.35		85	86	88	92	...
Global Total	136.78		81	72	74	68	27

* Up to 5 years of age

(7) 1987 reported data

(8) 1988 reported data

(9) 1989 reported data

(s) survey data

... no information available

Table 2

Estimated annual number of deaths prevented from neonatal tetanus; cases and deaths prevented from pertussis and measles; and cases prevented from polio in 26 developing countries; based on data available as of July 1990.

	(a)	(b)	(c) Prevented	(d) Prevented	(e) Prevented	(f) Prevented	(g) Prevented	(h) Prevented
	Newborns	Surviving Infants	Neonatal Tetanus Deaths	Pertussis Cases	Pertussis Deaths	Measles Cases	Measles Deaths	Polio Cases
	(000's)	(000's)	(000's)	(000's)	(000's)	(000's)	(000's)	(000's)
26 largest developing countries	102019	94225	381	48669	409	60908	1249	343
Other developing countries	28113	25211	64	9536	107	13412	402	66
Total developing countries	130132	119436	445	58205	515	74320	1651	409

(a) Newborns: based on 1989 estimated population and crude birth rates.

(b) Surviving newborns: based on estimated number of newborns and infant mortality rate.

(c) Based on mortality estimations from surveys or reports, a vaccine efficacy of 0.95 and immunization coverage reported as of July 1990. Countries without available data were arbitrarily categorised into one of 3 levels of neonatal tetanus mortality: 5, 10 or 15 per thousand live births.

(d) Based on an incidence estimation of 80% of newborns in absence of an immunization programme, a vaccine efficacy of 0.8 for 3 doses, and immunization coverage reported as of July 1990.

(e) Based on mortality estimations of one-third of measles deaths, a vaccine efficacy of 0.8 for 3 doses, and immunization coverage reported as of July 1990.

(f) Based on an incidence estimation of 100% surviving newborns in absence of an immunization programme, a vaccine efficacy of 0.95 and immunization coverage reported as of July 1990.

(g) Based on arbitrary case fatality rates ranging from 2% to 4%, a vaccine efficacy of 0.95 and immunization coverage reported as of July 1990.

(h) Based on an incidence estimation of 5/1000 newborns in absence of an immunization programme, a vaccine efficacy of 0.95 and immunization coverage reported as of July 1990.

11-Jul-90

Table 3

Estimated annual number of deaths from neonatal tetanus, measles and pertussis and annual number of cases of poliomyelitis in developing countries, based on data available as of July 1990.

	Neonatal Tetanus(1) (000's)	Measles(2) (000's)	Pertussis(3) (000's)	Total Deaths (000's)	Cum.% of total deaths	Polio cases(4) (000's)	Cum.% of cases
26 largest developing countries	550	1012	345	1907	73	128	68
Other developing countries	217	354	145	716	27	60	32
Total developing countries	767	1366	490	2624	100	189	100

The annual number of deaths from neonatal tetanus, measles and pertussis, and the annual number of cases of poliomyelitis in developing countries were estimated, using the immunization coverage data in Table 1 and the following assumptions:

1) Neonatal tetanus: Based on survey data or in absence of survey, neonatal tetanus deaths are estimated from countries with similar socio-economic conditions.

2) Measles: It is assumed that the vaccine efficacy is 95% and that all unimmunized children will acquire measles. Coverage is assumed to be zero in countries from which data are not available.

3) Pertussis: It is assumed that the vaccine efficacy is 80% and that 80% of unimmunized children will acquire pertussis. Coverage is assumed to be zero in countries from which data are not available.

4) Polio: In view of narrow limits of variation of results of poliomyelitis surveys, and in the absence of an immunization programme, a fixed incidence rate of 5 cases per 1000 newborns is used. A vaccine efficacy of 95% is used. Coverage is assumed to be zero in countries from which data are not available.

Annex 1

FORTY-SECOND WORLD HEALTH ASSEMBLY WHA42.32

Agenda item 18.2 19 May 1989

EXPANDED PROGRAMME ON IMMUNIZATION

The Forty-second World Health Assembly,

Noting the report of the Director-General on the Expanded Programme on Immunization and the Executive Board's discussion on the report;[1]

Appreciating the accomplishments of the programme to date, including the provision of immunization services for over half the children of the developing world and the prevention each year of some 1.9 million deaths of children in developing countries from measles, pertussis and neonatal tetanus, and of over 200 000 cases of poliomyelitis;

Recognizing, however, that full immunization coverage has not yet been achieved in all countries and that over 3 million deaths from the above diseases and over 200 000 cases of poliomyelitis preventable through immunization continue to occur each year;

Aware that further challenges need to be addressed during the decade of the 1990s with respect to:

- achieving and sustaining in all countries full immunization coverage with all the antigens used by the Expanded Programme;

- controlling the target diseases, including the global eradication of poliomyelitis by the year 2000, the reduction of measles by 90% compared with pre-immunization levels, and the elimination of neonatal tetanus by 1995;

- improving surveillance to provide accurate assessment of the progress of the programme;

- introducing within routine national immunization services new or improved vaccines as these become available for public health use;

- promoting other primary health care practices which are appropriate for the programme's delivery system and the target populations;

- research and development in support of the above;

1. RECALLS resolution WHA41.28 which committed WHO to the global eradication of poliomyelitis by the year 2000 and, inter alia, emphasized that eradication efforts should be pursued in ways which strengthen the development of the Expanded Programme on Immunization as a whole, fostering its contribution, in turn, to the development of the health infrastructure and of primary health care;

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[1] See document EB83/1989/REC/2, summary records of the Board's eleventh and twelfth meetings.

2. ENDORSES the plans outlined in the report for the programme for the coming decade, including the plan for the eradication of poliomyelitis;

3. URGES all Member States to continue their vigorous pursuit of the aim of providing immunization services for all children of the world in the hope that coverage levels under the Expanded Programme will surpass 80% in all countries/areas by the end of 1990 and that levels of 90%, in the context of comprenensive maternal and child health services, can be achieved by the year 2000;

4. ASKS the regional committees to promote the establishment of national disease reduction targets for all the diseases included within national immunization programmes, including targets for geographically limited areas and targets for locally defined populations at risk, as appropriate;

5. THANKS the international community (including other organizations of the United Nations system, multilateral and bilateral development agencies, private and voluntary groups and individuals) for their continuing support, giving special recognition to UNICEF as WHO's major partner in the Expanded Programme, and congratulating Rotary International on its success, under its "Polio-Plus" initiative, in fund-raising and in obtaining the personal involvement of thousands of its members in support of national immunization programmes;

6. WARNS both developing countries and outside collaborators that they will need to increase their investments in immunization if full coverage is to be achieved and sustained during the 1990s and if the targets for reduction in the number of cases of measles and neonatal tetanus and for eradication of poliomyelitis are to be achieved;

7. ENCOURAGES those concerned to make these investments, noting the special demands which the poliomyelitis eradication initiative is now making on WHO extrabudgetary resources;

8. REQUESTS the Director-General:

(1) to pursue the actions outlined in his report pertaining to the achievement and maintenance of full immunization coverage, control of the target diseases, introduction of new or improved vaccines, and promotion of other primary health care practices and research and development;

(2) to pursue the action outlined in resolution WHA41.28 with respect to the eradication of poliomyelitis;

(3) to continue to seek from extrabudgetary sources the contributions required to support these activities;

(4) to continue to keep the Health Assembly informed of the progress of the Expanded Programme, including progress in the eradication of poliomyelitis by the year 2000.

Thirteenth plenary meeting, 19 May 1989
A42/VR/13

Prepared Statement of Robert W. Kates, Professor and Director, Alan Shawn Feinstein World Hunger Program, Brown University, Providence, RI

My name is Robert W. Kates. I am University Professor and Director of the Alan Shawn Feinstein World Hunger Program at Brown University, Providence, Rhode Island. I am a geographer by training and a member of the National Academy of Sciences. Our program combines basic research on the causes and prevention of hunger with efforts to bring together and to communicate what is known about world hunger and the policies required to end it. We coordinate a network of 70 research groups in 23 countries, issue an annual state-of-world-hunger report, and bring together each year the private voluntary organizations, national and international agencies, and the research community to share what they have learned. We also serve as coordinators for the group that created the Bellagio Declaration: Overcoming Hunger in the 1990s and it is in that role that I appear before you today. I am accompanied by my colleague Professor Robert S. Chen.

Over the last three years, groups and agencies concerned with hunger have identified needed directions for the 1990's and have proposed new initiatives for public action. In retrospect, 1989 can mark not only the end of the cold war but also the beginning of a great renewal in overcoming hunger. If words can do it justice, it was surely an auspicious year. In 1989, the intergovernmental World Food Council adopted in its Cairo Declaration a statement supporting goals of "...the elimination of starvation and death caused by famine; a substantial reduction of malnutrition and mortality among young children; a tangible reduction in chronic hunger; and the elimination of major nutritional diseases." In March 1990, meeting in Bangkok, the interagency Task Force on Child Survival (the Rockefeller Foundation, UNDP, UNICEF, The World Bank, and WHO, and other agencies) revised and reaffirmed their earlier goals to call for the: "Reduction of severe and moderate malnutrition among under-five children by one-half 1990 levels. Virtual Elimination of iodine deficiency disorders. Virtual elimination of vitamin A deficiency and its consequences, including blindness." This weekend, these goals will almost surely appear in the Plan of Action to be adopted at the extraordinary World Summit for Children.

Last year in November, 1989, 23 planners, practitioners, opinion leaders, and scientists meeting at the Rockefeller Foundation Center in Bellagio, Italy produced the major nongovernmental initiative: the. *Bellagio Declaration: Overcoming Hunger in the 1990s* (Attachment 1). Participants came from 14 countries, both north and south. Invited because of their differing expertise and diversity of opinion, the participants struggled to create a common ground that would bridge their very varying perceptions of hunger's causes and remedies, and to identify goals, both achievable and well worth achieving. Their consensus is doubly important,

not only for the technical expertise that supported it, but for the agreement to focus on a small set of opportunities, and for the searching, even scathing, scrutiny that each element received.

The message of the Bellagio Declaration is a simple one. It is possible to end half the world's hunger before the year 2000. This committee knows well the imprecise numbers we have to take measure of the hungry, that tell us that a billion people live in households too poor to obtain the food they need for work; a half a billion people in households too poor to obtain the food they need to move around. One child in six is born underweight and one in three is underweight by age 5. Hundreds of millions of people suffer anemia, goiter, and impaired sight from diets with too little iron, iodine or Vitamin A. Yet, it is possible to reduce by half the toll of hunger within a decade.

Specifically, the Bellagio Declaration proposes four achievable goals for the 1990s: (1) to eliminate deaths from famine, (2) to end hunger in half of the poorest households, (3) to cut malnutrition in half for mothers and small children, and (4) to eradicate iodine and vitamin A deficiencies. Together, they comprise a comprehensive yet still practical program that builds upon on the *better* and *best* of existing programs and policies.

Leading the agenda is the virtual elimination of deaths due to famine among the 15-35 million people annually at risk, through implementing existing early warning and famine prevention systems and continuing efforts to provide safe passage of food in zones of armed conflict. The initiatives of this Committee to encourage joint efforts with the Soviets to bring food to the people of Ethiopia and to clarify the humanitarian mandate for food aid are directly supportive of achieving this goal. It is equally important that we maintain our commitment to end the use of hunger against civilians as a weapon of war amidst the need to maintain the UN-sanctioned embargo against Iraqi aggression.

Also capable of being eradicated are two of the three major nutritional diseases. By iodizing salt or injecting iodized oil, most of the 190 million cases of goiter could be eliminated by the end of the century. A capsule given twice a year to the 280 million children at risk of Vitamin A deficiency could virtually eliminate the disease in the crucial ages between 1 and 4 years. Currently the U.S. plays a major role in the effort to overcome vitamin A deficiencies, supporting 64 vitamin A projects in 24 countries and much of the basic research. We contribute only modestly to the elimination of iodine deficiency. The technology clearly exists for eradicating these diseases. Their costs are in the bargain basement among the set of initiatives for overcoming hunger.

It is also possible to cut malnutrition among women and children in half. The impact of disease on the wasting and stunting of hungry children is being reduced by the rapid progress in immunizing infants and providing simple, home-based treatment of diarrhea. Breastfeeding of

infants is continuing or even increasing in many developing countries, perhaps as a result of efforts to encourage it and to discourage formula feeding. Innovative programs in Africa and Asia combine the monitoring of growth by child weighing with supplemental feeding if needed. These activities can be combined with efforts to ease the burden on already overworked mothers and to reduce the nutritional anemia found in half of all women of reproductive age.

This week marks the beginning of a unique event, the World Summit for Children. Mr. Chairman, you and your colleagues have contributed to that undertaking with the introduction of the Universal Childhood Security Act of 1990 committing the U.S. to help save the lives of 10 million children during this decade. If the intent of Congress and levels of support envisioned in this legislation are realized, and if they elicit the matching response from other donors and the World Bank, our goal of halving malnutrition among mothers and children can be realized.

Most hunger is rooted in poverty, but the hunger of at least half of the poorest households can be ended. Extensive experience with food subsidies, coupons, ration shops, and feeding programs demonstrates that careful targeting and effective application of such measures could reduce urban food poverty substantially. In rural areas, providing wage and food income in return for labor to construct needed agricultural and environmental improvements reduces food poverty immediately while increasing long-term agricultural productivity and income. Also valued are programs that provide self-sustaining sources of credit, especially to women, to start small businesses or to produce local products and services.

Food stamps are a great American invention! As we often struggle to maintain the access of all needy Americans to food stamps, we sometimes become frustrated with the system and forget its great virtues. These virtues have been realized in attempts to introduce food stamps in such diverse places as Colombia, Jamaica, and Sri Lanka. The principle of food stamps, of targeting food aid to the truly needy, while utilizing existing markets to distribute food, can be replicated in different forms among the urban hungry everywhere. With careful targeting, costs can be limited to $20 per capita per year, much of it in the form of monetized food aid. For rural areas, such efforts can also be linked to the creation of needed infrastructure and the restoration of damaged environments. Here again food aid can be an important component if such aid can be reallocated to the poor and the hungry. In both urban and rural areas, the goals of our promising microenterprise efforts will not be realized if they cannot be effectively targeted on the truly poor and hungry.

Food-poor households that raise their own food have to cope with the deterioration of their natural resources, the loss of crucial access to common resources, and restriction to all but the most ecologically marginal land. There are important opportunities for redistribution to smallholders of land that is little used and a variety of low-cost techniques have demonstrated ability to sustain

productivity, provide fuelwood, limit soil erosion, and increase food and income. It is difficult but necessary to reorient the scale and styles of agricultural development to address these needs of poor farmers.

A systematic assault on the hunger problem in the 1990's inevitably will require additional flows of money and food aid from the rich to the hungry and poor—and a limitation of the now large flows in the opposite direction. But such increased flows do not necessarily require major new commitments by this country in a time of budget stringency. Reallocation and effective targeting can do much.

In the note on costs that I have attached to my written submission (Attachment 2), I have tried to illustrate the size of hungry populations, the range of costs, and reductions achievable within a decade. Table 1 provides some very rough and tentative, but nevertheless plausible, estimates. These range from a high of $25 per person to provide famine relief or to build rural infrastructure through a food-for-work programme to $0.57 to provide Vitamin A or iodine supplementation needed to prevent blindness or goiter.

Table 1. Illustrative annual costs of implementing the Declaration.

ACHIEVABLE GOALS	Prevalence or At-Risk Population (millions)	Achievable Range of Reduction (%)	Annual Cost Per Capita (US $/person)	Total Annual Cost (billion US $)
Famine deaths	15-35	80-95	25	0.55
Poorest urban households	150	50-66	20	1.74
Poorest rural households	450	33-50	25	4.67
Malnutrition among children	185	50-66	15	1.61
Iodine deficiency	800	80-95	.07	.05
Vitamin A deficiencies	280	80-95	.50	.12

The cost estimates betray considerable overlap because different forms of hunger often occur in the same hungry households. Thus the various costs are not simply additive. For example, the children of families emerging from urban food poverty may not require supplemental feeding, yet they will require immunization against infectious disease and may or may not require Vitamin A supplementation. Nevertheless, if one sums across all of these options it gives a total of almost

US $9 billion needed annually to halve hunger, some proportion of which is already being spent by international agencies and governments.

It is difficult to estimate the proportion already being spent by international agencies and governments, but we are assisted by a recently completed study of the Subcommittee on Nutrition of the United Nation Administrative Committee on Nutrition. Using three different data bases, and reviewing 30,000 projects in developing countries receiving external assistance in 1987, they classified the projects by their impact on nutrition. Their three classes most related to the Bellagio goals covered food aid projects, projects with a direct impact on individual nutrition, and health projects with a strong impact on nutritional status. Overall assistance (excluding non-governmental and commercial assistance) was about $45 billion or about $12 per person. Projects with the strongest links to hunger in their classification claimed about $2.7 billion or $.72 per person (food aid $.49, nutrition $.02, and health $.21). To this amount one needs to add a major portion of private voluntary assistance ($3.3 billion in 1987) and funds spent on agricultural development for very poor farmers and on economic diversification for very poor people. Adding these in, a reasonable estimate of recent expenditures might be a doubling of the ACC/SCN estimate for a total of $5.4 billion already addressing the needs of hungry people or to some degree, potentially reallocable to their needs.

Thus, a realistic programme to combat hunger in the 1990s might require an additional $4 billion per year in new or reallocated funds. Of the $4 billion more needed, an American initiative to halve hunger in the 90s might offer 25% or $1 billion. But even more important than the external flow of funds, are the needs for renewed social energy and political will, the creative employment of local institutions and underutilized resources, and increases in the level of public support.

Non-governmental and private voluntary organizations are particularly important in reaching the hungry and poor. At their best they constitute hungry people acting in their own behalf. Most of the identified goals can be accomplished in different ways. The most promising approaches are those that empower people to assess their own condition and to act in their own behalf, that provide short-term hunger relief while addressing deeply-rooted causes, and that can be sustained over the long-term.

The last decade has also witnessed a slow emergence of new public voices for the hungry and impoverished. These have been based in development and populist organizations and religious and political groups. These emerging voices need to be strengthened, particularly in countries where the voice of the hungry is faint. But the clarity of the message needs to be strengthened as well. We neither need to accept hunger as always with us nor to postpone action until the world can be set fully right.

In the ten months since the production of the Declaration, considerable progress has been made in its dissemination, adoption, and implementation (Attachment 3). The Declaration has been printed in English, French, and Spanish and reprinted in such diverse media as the Dar-es-Salaam *Daily News*, the U.S. *Congressional Record*, and the Mexico City *El Día*. The Declaration itself has been endorsed, to date, by more than 200 technical experts, advocates, practitioners, and opinion leaders in 33 countries, including, among others, leaders of the African Leadership Forum, Bread for the World, The Dag Hammarskjold Center, CARE, the Commonwealth Secretariat, the International Rice Research Institute, the International Fund for Agricultural Development, The Hunger Project, he International Rescue Committee, Save the Children Federation, the Society for International Development, the United Nations Children's Fund, the United Nations University, the West African Development Bank, the West African rice Development Association, the Winrock Internationall Institute for Agricultural Development, the World Bank, the World Food Programme, World Hunger Year, the World Resources Institute, World Vision, and the Zimbabawe National Farmers Union. Concerned leaders on every continent have added their endorsements and more arrive each day (Attachment 4).

Beyond goals is implementation: linking the "top-down" and "bottom-up" approaches called for in the Declaration, finding or reallocating the financial and institutional resources needed, building on the promising programs and policies that already work well. For each of the four achievable goals, specific activities are needed or are under way. The major evaluation of the Sudan relief effort just completed should spark generic proposals for providing safe passage for emergency food supplies in zones of armed conflict. The World Summit for Children will highlight initiatives for halving the undernutrition of mothers and children. Detailed plans on iodine and vitamin A are forthcoming. More effort is needed to pursue the reduction of chronic food poverty.

Going beyond the cold war provides the renewed opportunity to address global and national hunger, but I also want to report concern. At the Bellagio Conference, a participant told of the Swahili maxim "when elephants fight, the grass dies," and then wryly noting the end of the cold war, she observed that "when elephants make love, the grass also dies." Between the portentous events in Eastern Europe, Southern Africa, Central America, and now the Gulf, as well as the worldwide concern for the environment, making room at the table for the hungry of the world could become increasingly difficult.

Yet for the first time in human history, the end of famine is achievable. Endemic goiter and Vitamin A blindness can be eliminated. The wasting and stunting of small children and the starvation of their mothers can be halted. Most nations, even very poor ones, could meet their

minimal overall nutritional needs, even if distributing food adequately proves more difficult. The worst forms of urban food poverty and rural food insecurity can be halved.

The United States can contribute in a major way to such an effort if we build on our skills and experience. A U.S. initiative could include the following:

•*To eliminate deaths from famine:* Maintain the moral high ground in addressing hunger as a weapon of war by leading in the provision of humanitarian aid and seeking safe passage in zones of armed conflict.

•*To end hunger in half the poorest households:* Make sure that our generosity in providing food aid is matched by the neediness of its recipients. Use our experience in targeting food aid, at home and abroad, to make such aid more effective. Find ways to make our assistance for microenterprises work for truly poor people. Make sure that our external assistance and that of other donors does not undermine hungry farmers' production incentives and access to resources. Use short term support for hungry people in Africa to help build a rural infrastructure for internal markets.

•*To cut malnutrition in half for mothers and small children:* Build upon the current efforts on child survival with activities and support rising to double the current level. Assist mothers with support for child spacing.

•*To eradicate iodine and vitamin A deficiencies:* Build upon the experience in both research and practice in addressing Vitamin A, with a clear U.S. commitment to seek eradication within the decade.

•*Overall:* Provide a global challenge to match 1:3, a U.S. commitment of a billion dollars per annum in new resources.

A focused attack on these four faces of hunger—drawing on new resources and using strategies that have worked well—can end half the world's hunger over the next decade—a unique accomplishment for the end of this millennium!

The Bellagio Declaration: OVERCOMING HUNGER IN THE 1990'S

It is possible to end half the world's hunger before the year 2000. We have only imprecise numbers to take measure of the hungry, but those numbers tell us that: (1) a billion people live in households too poor to obtain the food they need for work; (2) half of those are too poor even to obtain the food they need to maintain minimal activity; (3) one child in six is born underweight and one in three is underweight by age 5; and (4) hundreds of millions of people suffer anemia, goiter, and impaired sight from diets with too little iron, iodine or vitamin A. In a world of potential food plenty, we have collectively failed more than one billion of our people.

Hunger wears many faces. It may be acute or chronic, visible or hidden, food or disease related, but it is typically rooted in poverty and in the economic and social processes that perpetuate it. The elimination of hunger, therefore, is formidable and a long term undertaking. Recognizing this, we still believe that reducing hunger by half in the 1990's is a realistic objective for the world. We can act meaningfully to end hunger in the short run without losing sight of the continuing need in the long run to address its basic causes .

The decade now ending has been described as "the lost 80's," a time when efforts to overcome hunger have been grossly inadequate in the face of deteriorating economic conditions in Africa and Latin America, persistent hunger in South Asia, and increased incidences of hunger in wealthy countries. Overall, the 1980's has been a period of growing realization that most development efforts have failed the hungry and poor in the Third World and that current uses of natural resources are unsustainable. Less visible, but more encouraging trends in the 80's include a fresh understanding of the origins and causes of hunger, lessons learned from recent attempts to improve nutrition, the evolution of a worldwide logistical system to provide emergency food aid, rapid progress against childhood and nutritional diseases, and the maturation of grassroots movements and development groups.

As we turn into the 1990's the world is in great ferment. Fears of imminent worldwide economic collapse have abated. Peace and efforts for peace are emerging in all regions of the world. In many countries, both industrialized and developing, a wave of democratization, participation, and pluralism is evident. On the other hand, unequal trade relations between the North and the South, growing and already heavy debt burdens, environmental degradation, and continued rapid population growth make life miserable and particularly difficult for poor people in Third World countries.

It is against this background of new opportunity and persistent problems that organizations—governmental, intergovernmental and nongovernmental—concerned with hunger have begun to identify needed directions for the 1990's and to propose new initiatives for public action. Specifically, the Bellagio Declaration proposes four achievable goals for the 1990's.

ACHIEVABLE GOALS

We believe that it is possible and imperative in the 1990's (1) to eliminate deaths from famine, (2) to end hunger in half of the poorest households, (3) to cut malnutrition in half for mothers and small children, and (4) to eradicate iodine and vitamin A deficiencies. Together, they comprise a comprehensive yet still practical program that can end half of world hunger in the 1990's.

These goals are achievable because they build on the best experiences with programs and policies for overcoming world hunger. The most promising ones are those that empower people to assess their own condition and to act in their own behalf, that provide short-term hunger relief while addressing deeply-rooted causes, and that can be sustained over the long term.

1. Eliminate famine deaths

An attainable target by the year 2000 is the virtual elimination of deaths due to famine among the 15 to 35 million people at risk of famine in any year through improvement of early warning and response systems and international efforts to provide safe passage of food in zones of armed conflict.

Many of the tools needed to prevent deaths due to famine are already in place. Efforts to cope with drought, flood, war, and famine in the 1980's have led to major improvements in the global system for providing emergency food aid. Some developing countries have created early-response mechanisms to take advantage of early warnings. Continued effort must be made to improve these programs by taking into account local indicators of increased vulnerability among groups at particular risk.

Another achievement growing out of experience with the famines of the 1980's is the widespread awareness of the need for relating short-term relief measures to longer term development objectives. Although emergency food aid often is the most critical intervention, agencies and organizations engaged in famine relief now know that they need to couple it with measures to reduce dependency on such aid and to promote self-reliance.

The major obstacle to eliminating famine remains the destruction or interdiction of civilian food supplies in zones of armed conflict. The rudiments for international protection of civilian rights to food exist in international law, most specifically in the 1977 protocols to the Geneva Conventions of 1949 that prohibit starvation of civilians as a means of combat. More recently, there is renewed interest in an international or regional covenant for the sanctity of civilian food supplies and the safe passage of emergency food relief. Such a covenant could bind nations to provide safe passage and might permit convoy by United Nations peacekeeping forces within their national territory.

2. End hunger in one half of the poorest households

Also attainable is the goal of augmenting purchasing power and food production levels so as to enable half the hungry people in the world to buy or grow enough to eat.

For many poor farmers in the Third World, a key need is maintaining access to the natural resource base and the inputs needed for cultivating, herding, or fishing in the face of growing population and increased competition for land. Increasingly, poor households have had to cope with the deterioration of their resources, the loss of crucial access to common resources, and restriction to all but the most ecologically marginal land. The task of rehabilitating degraded ecosystems and restoring to the most vulnerable groups their access and control of productive resources of land, forest, and water must be accelerated. A variety of sustainable agricultural and forestry techniques with demonstrated ability to sustain productivity, provide fuelwood, limit soil erosion, and increase food and income can also be applied.

Measures to increase small farm agricultural production and to create new income and work activities could end hunger for a third to a half of the roughly 450 million people who now live in rural households too poor to minimally feed themselves. Programs that provide wage and food income in return for labor to construct needed agricultural infrastructure and to restore degraded resources show particular promise. They reduce poverty in the short run through direct supplementation of incomes and in the long run through sustained increases in agricultural productivity and income. Programs that have provided self-sustaining sources of credit, especially for women, to start small businesses or produce local products and services have also proven quite effective in many countries.

Food-security programs, given targeting and effective application, could by the end of the decade end hunger for half or more of the 150 million people in urban households too poor to minimally feed themselves in present circumstances. There is widespread agreement that untargeted food assistance, carried out by means of price control, overvalued exchange rates, import controls, or cash subsidies is ineffective or cannot be sustained because of its high costs. Yet ample experience with food-security programs demonstrates that careful targeting can be accomplished by subsidizing foods that are consumed primarily by the poor and by distributing food and coupons in poor neighborhoods and to vulnerable groups such as mothers and children. The use of existing marketing networks to distribute food can often lower costs and improve participation. Community-organized mass feeding programs are also effective, low-cost ways to target and distribute food.

3. Cut malnutrition among women and children in half

Women of reproductive age and children under five years of age are particularly vulnerable to malnutrition. Although many of the measures listed above will help improve their situation in the decade to come, special measures are still needed to reduce their special vulnerabilities. Sustained breastfeeding, expanded supplemental feeding, and growth monitoring, in combination with limiting the effects of childhood illness, could reduce by half the common forms of childhood wasting and stunting. The prevalence of breastfeeding is stable or even increasing in many developing countries, perhaps assisted by continuing efforts to encourage and maintain it. Innovative programs that combine monitoring of child growth through regular weighing to detect wasting with supplemental feeding hold promise to address the weight loss of children with recurrent bouts of illness and the difficult weaning transition from breast to the adult diet.

Many such initiatives for the benefit of children place an increased burden on already overworked mothers, even though they may be somewhat compensated by the reduced care required of healthy children. Community-based programs that include child-care and other supports can lessen this burden while enhancing mothers' efforts. Reducing by at least half through iron supplements the nutritional anemia endemic in women of reproductive age can further strengthen mothers. Continued promotion of improved birth spacing will benefit both children and mothers.

4. Eradicate iodine and vitamin A deficiencies

Through the use of current techniques, most of the 190 million cases of goiter could be eradicated and the 280 million children at risk of vitamin A deficiency protected by the end of the century. Selected regions and countries have made major progress in eliminating iodine deficiency disorders—marked by goiter, mental impairment, and, in the extreme, cretinism—and the visual impairment of vitamin A deficiency diseases. For goiter, most countries can provide iodized salt to most areas endemic with the disease and injections of iodized oil for inhabitants of more remote mountain and desert regions. For vitamin A deficiency, a capsule taken two or three times a year can protect a child throughout the critical ages of one to four years. Evidence is also increasing for wide-ranging health benefits beyond eye protection from vitamin A therapy.

STRATEGIES AND RESOURCES

Any strategy to overcome hunger in the 1990's must be conceived and implemented in full awareness of the array of fundamental changes and trends that will characterize the coming decade and shape the context in which hunger persists. Indeed, if we *fail* to relate efforts to end hunger to these broader forces—which represent both obstacles and opportunities—short-term gains may well be swamped by long-term increases in hunger.

The outstanding situation that must be recognized as we move into the 1990's is the inequitable economic relationship between the North and the South, which withdraws net capital from the South, diverts agriculture in developing countries from producing food to meet local needs, creates contentious food trade barriers, underprices food commodities, and often encourages capital investment that undermines rather than advances sustainable uses of agriculture and resources.

No less challenging than the worldwide economic picture is the precarious state of the global environment. Deforestation, desertification, soil erosion, water shortage and salinization, chemical contamination, and global warming will adversely affect the sustainable food production capacity of the planet. But embedded in this threat is also an opportunity. Worldwide attention, from heads of state to the general public, is now strongly focused on the endangered planet. We who combat hunger must put a human face on the environmental issue: unless we restore and maintain viable ecosystems and ecological cycles, we will increasingly threaten our ability to feed humanity. Opponents of hunger must embrace their environmentalist allies in a common cause.

Exacerbating the environment/hunger problem is the continued growth of the world's population. During the 1990's, the world will need to feed another billion mouths, most living in the very countries where the ability to curb hunger is already severely strained. Family planning programs that have slowed the overall rate of population growth in the world must persist and expand with international support to reduce the vulnerability of the poor to hunger and famine.

A particularly welcome evolution has been the rapid chain of events in Eastern Europe and the Soviet Union. This has reduced tension between the East and the West and opens up new opportunities for trade and investments. These opportunities for cooperation on a global scale should be used to strengthen North-South cooperation, rather than diverting the already diminishing flow of resources for the poor and hungry of the South. For instance, a social compact might be agreed upon whereby funds that become available through reduction of East-West arms expenditures would be used to assist both Eastern Europe and the South.

From the perspective of these anticipated global trends, what then are the strategies to overcome hunger that will be most effective?

Particularly important is the creation of new opportunities for the hungry themselves, together with their leaders, advocates, mass movements, and local organizations and resources. In this context, it is especially important to empower women who grow most of the Third World's food and feed its families. More needs to be known about the full development potential of the wide range of non-governmental organizations, especially for the multiplication and aggregation of grassroots initiatives and the advocacy of needs and interests of people who normally find no ways of expressing their demands through formal government channels. But much more needs to be done even by well-intentioned governments and aid agencies to incorporate into their modes of operation greater sensitivity to modes of participation that enable people to act on their own behalf.

Although many governments in developing countries are under severe financial pressure and often lack capacity to implement extensive programs, they must play a growing role in a renewed effort to combat hunger. Decisions to decentralize responsibility to lower echelons of administration and to local government institutions or to use the distributional capacity of the market that gained momentum in the 1980's must continue. Such local level agencies can play a major role in developing and restoring necessary rural infrastructure and services. To make these investments worthwhile, however, governments must also take important steps toward the creation

of an enabling environment in which citizens and their organizations can make more effective contributions to overcoming hunger.

Finally, an achievable reduction in hunger in the 1990's will require substantial new financial resources above and beyond the maintenance of current levels of donor and national support. The costs of the achievable goals range from a high of $25 per person to provide famine relief or to build rural infrastructure through food-for-work programs to 57¢ per person to provide the vitamin A and iodine supplementation needed to prevent blindness and goiter. Much of these costs are already partly met in current national and international expenditures. Thus, a realistic program to combat hunger in the 1990's might require U.S.$ 5 to 10 billion per year in new or reallocated funds.

The most common source proposed for additional resources is a substantial reduction in the annual military expenditures, currently nearly U.S.$ 1 trillion worldwide, as great power rivalry and conflict diminish and serious efforts are made to resolve regional disputes. A reduction of one percent in these annual expenditures could more than fund a comprehensive program to overcome hunger in the 1990's. Additional food aid, if properly used, can not only meet emergency needs in extreme deficit situations, but when carefully marketed, can provide new sources of funds for local initiatives. Other new sources of funds could include the "swapping" of actions against hunger in exchange for outstanding debts, the redirection of existing development expenditures by identifying poor people rather than poor countries as the relevant target of interventions, and the linking of efforts to overcome hunger with those to improve health care, enhance poor people's access to productive resources, and promote sustainable environmental development.

Although the objectives of the program to end half the world's hunger before the year 2000 are global, strategic emphasis will differ between regions and countries. In sub-Saharan Africa priority may be given to strengthening early- response systems to famine, including exploration of an accord, sanctioned by the Organization of African Unity, on safe passage for relief supplies; targeted support for increased production by the poor, including efforts to control pests that significantly reduce harvests and stored food; and efforts to break the disease-undernutrition nexus. In Asia, where the food problem is often less a matter of production than redistribution, priority may be given to restoring and increasing access and control by the poor of necessary resources and to encouraging development strategies that are socially just and environmentally sustainable. In Latin America priority may be given to alleviating the disproportionate share of the debt burden that is currently carried by wage earners and the self-employed in the informal sector; reforming food systems so that they better meet the needs of vulnerable groups of women, urban poor, indigenous populations, and small farm households; and improving the health and nutrition infrastructure to enable governments and other organizations to meet the targets for mothers and children and for the major nutritional deficiency diseases.

CALL FOR ACTION

An ambitious program to attack hunger in the 1990's requires most of all the mobilization of public support for this cause both in developed and developing countries. In most of these, the hungry and the poor do not have natural allies in their governments. Their needs are considered and their voices heard only to the extent that they are mobilized into their own organizations or that their cause is adopted by others. The last decade has witnessed a slow emergence of new public voices for the hungry and impoverished in rich countries based in churches, development organizations, and populist groups. Such groups have mobilized constituencies for the hungry, utilized the mass media, and developed long-term relationships with governments wherever appropriate. In developing countries, opportunities for influence have been different. Mass media and lobbying efforts have been less important than efforts by religious and political organizations. These emerging voices need to be strengthened, particularly in countries where the voices of the hungry are faint.

Faced with potentially competitive concerns, the call for ending hunger must be strengthened. But the clarity of the message needs to be strengthened as well, reminding constituencies of the enormity of the need, creating alternatives between the acceptance of hunger as always with us and the postponement of action until the world can be set fully right, and weighing in with promise on the fine balance between hope and despair. Pragmatic as well as altruistic arguments need to be used. The billion hungry people are effectively outside of markets for anything but the lowest-valued foodstuffs. It is in the long-term interests of economies that live by trade to help those households move beyond the threshold of hunger. By placing political leaders at all levels under constructive pressure to consider overcoming hunger as both an achievable goal and an inescapable concern of the 1990's, individuals and organizations can make a lasting contribution toward the emergence of a new political vision and a renewal of social energy to ensure places at the table for the hungry of the world.

For the first time in human history, the end of famine is achievable. The worst forms of hunger in both rural and urban areas can be halved. Most nations, even poor ones, could provide for the minimum nutritional needs of mothers and children. Goiter can be relegated to a glandular disorder of the few rather than the iodine-starvation of the many. Blindness can be prevented in the 42 million children with vitamin A deficiency. A focused attack on these four faces of hunger—drawing on new resources and combining the better and best of efforts that have worked well for the poor—can end half the world's hunger over the next decade.

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IMPLEMENTING THE BELLAGIO DECLARATION: A NOTE ON COSTS

The *Bellagio Declaration: Overcoming Hunger in the 1990s* describes a set of achievable goals and the means of attaining them. This note examines some of what is known about the costs of promising programs and policies for implementing the Declaration. It considers, in turn, each of the four Bellagio goals.

1. Eliminate famine deaths

The actual cost of emergency feeding to prevent loss-of-life due to famine has been reliably estimated by the staff of the World Food Programme (personal communication, 1989) at $25 per person including the costs of transportation and distribution. An exhaustive recent evaluation of Operation Lifeline in the Sudan, the most expensive operation of its kind recently undertaken found costs of about $150 per person served (Minear, 1991).

2. End hunger in one half of the poorest households

Mateus (1983) estimated the costs per beneficiary, per year, of untargeted food subsidies at $25-29, untargeted food ration shops at $2-30, and food coupon (stamp) systems targeted by income at $24-62, or by health at $24. Berg (1987) reports costs per beneficiary of $21 and $35 in World Bank supported food subsidy programs in Brazil and Colombia, respectively. Reutlinger (1988) has estimated the annual cost per recipient of targeted food coupon (stamp) systems at $20 per recipient, per year. The International Fund for Agricultural Development (1989) estimates that its projects have helped provide durable food security to 180 million people at a cost of $14 per beneficiary.

Mellor (1989) has made persuasive arguments for programs that alleviate hunger in the long-run by building rural infrastructure and that in the short-run incorporate a labor component for building public works (valued at a third of the cost) and a food component to pay for such labor (valued at a fifth of the cost). He estimates that works sufficient to provide a rural infrastructure to end hunger over a space of 20 years might cost $15 billion per year (implying $7.5 billion to reach half of the rural poor). His numbers are illustrative only, and his estimates of the costs of rural roads, irrigation, and electrification etc. are drawn from South Asian examples with dense populations. Costs might well be higher where settlement is more scattered. Current costs of development project employment remunerated by combinations of food or cash (from monetized food) now average about $25 per beneficiary in World Food Programme projects (personal communication, 1989).

3. Cut malnutrition among women and children in half

In a recent review Huffman (1989) examined the cost of various child survival interventions, reporting on various studies that sought to change hospital practice to encourage breastfeeding ($.05-1.35 per mother); weaning education in Indonesia ($2.05-3.94 per mother) and in Burkina Faso ($.22 per mother); oral rehydration therapy ($.50-4.00 per incident); immunization in urban areas ($2-6 per infant) and rural areas ($30 per infant). Levin (cited in De Maeyer,1986) has estimated the costs of anemia control by supplementation with medicinal iron at $2-3 per person, per year. Huffman (1989) also reports what integrated programs of combined interventions cost in India (Tamil Nadu, $9.41, Narangwal, $22.85) and Africa (Iringa, $8.05). In Iringa, her estimate only includes ongoing costs, and with startup and expansion costs the project actually required $14.30 per child. Rough estimates prepared by UNICEF (1990) for the World Summit for Children, used an average of $13 to estimate universal child immunization costs and $1 to rehydrate a child in a health facility. For nutrition programs, they estimate costs between $5-50 per beneficiary with higher estimates including the cost of food subsidies and supplementation. Applied to 150 million malnourished children, annual costs would range between $.75 to 7.5

billion, and they chose an overall estimate of $2.5 billion, a cost of $16.66 per child.

4. Eradicate iodine and vitamin A deficiencies

The costs of preventing iodine deficiency has been estimated at $.05 per person per year for salt iodization and $.10 per person per year for intra-muscular oil injection. Lofti and Mason (1988) estimate that 5% of the population at risk would require injection while 95% could meet their health needs by salt iodization. These figures usually assume an existing base of rural health care workers to undertake the injections. West and Sommer (1987) estimated the annual cost per child of a twice-a-year delivery of a Vitamin A capsule at $.44 Rough estimates prepared by UNICEF (1990) for the World Summit for Children, assessed the cost of eliminating iodine deficiencies at $80 million per year (implying a cost of $.08 per beneficiary per year), and vitamin A deficiency at $20 million per year (implying a cost of $.50 per child, per year).

Costs for a comprehensive program

The populations at risk, the costs of implementation, and the prospects for achieving results over the course of a decade vary considerable. To illustrate the magnitude and range of hungry populations, costs, and achievable reductions within a decade. Table 1 provides some very rough and tentative, but nevertheless plausible, estimates. These range from a high of US $25 per person to provide famine relief or to build rural infrastructure through a food-for-work programme to US $0.57 to provide Vitamin A or iodine supplementation needed to prevent blindness or goiter.

The cost estimates betray considerable overlap because different forms of hunger often occur in the same hungry households. Thus the various costs are not simply additive. For example, the children of families emerging from urban food poverty may not require supplemental feeding, yet they will require immunization against infectious disease and may or may not require Vitamin A supplementation. Nevertheless, if one sums across all of these options it gives a total of almost US $9 billion needed annually to halve hunger, some proportion of which is already being spent by international agencies and governments.

It is difficult to estimate the proportion already being spent by international agencies and governments, but we are assisted by a recently completed study of the Subcommittee on Nutrition of the United Nations Administrative Committee on Nutrition (ACC/SCN, 1990). Using three different data bases, and reviewing 30,000 projects in developing countries in 1987 receiving external assistance, they classified the projects by their impact on nutrition. Their three classes most related to the Bellagio goals covered food aid projects, projects with a direct impact on individual nutrition, and health projects with a strong impact on nutritional status. Overall external assistance (excluding non-governmental and commercial assistance) was about $45 billion or about $12 per person. Projects with the strongest links to hunger in their classification claimed about $2.7 billion or $.72 per person (food aid $.49, nutrition $.02, and health $.21).

To this amount one needs to add a major portion of private voluntary assistance ($3.3 billion in 1987) as well as funds spent on agricultural development for very poor farmers and on economic diversification for very poor people. Given the committment of the voluntary sector to poor and hungry people, one can allocate at least half of the estimated 1987 expenditure for private voluntary assistance, or $1.7 billion, to the ACC/SCN estimate. To this can be added the very large expenditures on agricultural development that benefit the poor and hungry and that are specifically targeted to such farmers (e.g.the International Fund for Agricultural Development) as well as the various efforts to increase income activities (e.g. microenterprise activities). Thus, a reasonable estimate of recent expenditures might be a doubling of the ACC/SCN estimate, giving an estimate of $5.4 billion of external assistance annually addressing the needs of hungry people, or to some degree, potentially reallocable to their needs. However, to the extent that these funds now serve to keep people from becoming hungry (e.g. some food aid), they are not available to address existing hunger.

Table 1. Illustrative annual costs of implementing the Declaration.

ACHIEVABLE GOALS	Prevalence or At-Risk Population (millions)	Achievable Range of Reduction (%)	Annual Cost Per Capita (US $/person)	Total Annual Cost (billion US $)
Famine deaths	15-35	80-95	25	0.55
Poorest urban households	150	50-66	20	1.74
Poorest rural households	450	33-50	25	4.67
Malnutrition among children	185	50-66	15	1.61
Iodine deficiency	800	80-95	.07	.05
Vitamin A deficiencies	280	80-95	.50	.12

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ATTACHMENT 3: STATEMENT BY ROBERT W. KATES SEPTEMBER 26, 1990

PROGRESS IN DISSEMINATING, ADOPTING, AND IMPLEMENTING THE DECLARATION

In the ten months since the production of the Declaration, considerable progress has been made in its dissemination, adoption, and implementation.

DISSEMINATION

The Declaration has been printed in English, French and Spanish and reprinted in periodicals as varied as: *Monday Developments*, the InterAction newsletter, the Dar-es-Salaam *Daily News*, the U.S. *Congressional Record*, the Mexico City *El Día*, the World Hunger Year periodical, *WHY*, and the journal *Food Policy*. Press releases were distributed worldwide in December 1989 and the Declaration was specially circulated to some 70 regional newspapers in India. Press and organizational briefings were held in December 1989 in New York, Washington, DC, and Rome, and on the Tanzanian radio network in February. At least one syndicated column and three different nationally distributed op-ed columns have appeared in U.S. newspapers. A full-page advertisement appeared in the *New York Times* in December and elicited some 300 requests for more information. Copies of the Declaration were given to Pope John Paul II in December and to delegates (300) attending a World Council of Churches meeting in Seoul in March. The 3d annual Hunger Research Briefing and Exchange, cosponsored by InterAction and the World Hunger Program, highlighted the Declaration in April of this year, including a 10 minute video on the Declaration. The annual forum of InterAction included a plenary briefing on the Declaration in May.

ADOPTION

Even preceding Bellagio, the World Food Council had adopted in its Cairo Declaration a statement supporting goals of "...the elimination of starvation and death caused by famine; a substantial reduction of malnutrition and mortality among young children; a tangible reduction in chronic hunger; and the elimination of major nutritional diseases." At a March meeting in Bangkok, the Task Force on Child Survival (Rockefeller Foundation, UNDP, UNICEF, The World Bank, WHO, and other agencies) revised and reaffirmed their earlier goals to call for the "Reduction of severe and moderate malnutrition among under-five children by one-half 1990 levels. Virtual elimination of iodine deficiency disorders. Virtual elimination of vitamin A deficiency and its consequences, including blindness." The Declaration itself has been endorsed, to date, by more than 200 technical experts, advocates, practitioners, and opinion leaders in 33 countries, including, among others, leaders of the African Leadership Forum, Bread for the World, The Dag Hammarskjold Center, CARE, the Commonwealth Secretariat, the International Rice Research Institute, the International Fund for Agricultural Development, The Hunger Project, the International Rescue Committee, Save the Children Federation, the Society for International Development, the United Nations Children's Fund, the United Nations University, the West African Development Bank, the West African Rice Development Association, the Winrock International Institute for Agricultural Development, the World Bank, the World Food Programme, World Hunger Year, the World Resources Institute, World Vision, and the Zimbabwe National Farmers Union. Concerned leaders on every continent have added their endorsements and more arrive each day.

Efforts are under way to introduce the achievable goals into the development strategy for the United Nations Fourth Development Decade and to elicit the support of the International Council of Voluntary Agencies. The Rhode Island Congressional delegation has written to all the members of the U.S. Congress calling their attention to the Declaration and has introduced a sense-of-Congress resolution to support the goals of the Declaration. This coming weekend, the Plan of Action to be adopted at the World Summit for Children will most probably endorse goals identical to those of the Declaration most related to children's needs (goals 3 and 4).

IMPLEMENTATION

Beyond goals is implementation—how to concretely link the "top-down" and "bottom-up" approaches called for in the Declaration, how to find and reallocate the financial and institutional resources needed, how to build on the promising programs and policies that already work well. For each of the four achievable goals, specific activities are needed. The major evaluation of the Sudan relief effort just completed should spark generic proposals for providing safe passage for emergency food supplies in zones of armed conflict. An effort is under way to formulate concrete and complementary treaty, generic safe passage and enhanced peacekeeping approaches. The World Summit for Children serves to highlight initiatives for halving the undernutrition of mothers and children. Detailed plans on iodine and vitamin A have been developed by the international community. More diverse in program and implementation is how to pursue the reduction of chronic food poverty. All these implementation proposals will be aired at the 4th Annual Hunger Research Briefing and Exchange to be held in Providence, Rhode Island, April 1991.

MONITORING AND EVALUATION

As we move into the decade, it is not too soon to ask how we can measure progress in achieving the Bellagio goals. Nor is it too soon to address the issues of what interventions work well and where. And much more needs to be learned in linking "top-down" and "bottom-up" approaches. It has been suggested that a follow-up meeting in Bellagio in 1992 be used to take stock of the progress made and to pursue these questions.

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ATTACHMENT 4: STATEMENT BY ROBERT W. KATES SEPTEMBER 26, 1990

OVERCOMING HUNGER IN THE 1990'S
–THE BELLAGIO DECLARATION–
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PREPARED STATEMENT OF PAUL MCCLEARY, EXECUTIVE DIRECTOR, CHRISTIAN CHILDREN'S FUND, INC., RICHMOND, VA

Mr. Chairman, I am Paul McCleary, Executive Director of Christian Children's Fund, Inc. in Richmond, Virginia. My testimony this morning is as one who represents the private voluntary sector of international assistance agencies. For ten years I served as the Executive Director of Church World Service and for three years with Save The Children Federation as Executive Vice President and Acting President. Currently, I am serving as the Deputy President of the NGO Committee to UNICEF; on the Board of the Overseas Development Council and am a member of the Bretton Woods Committee. I have been invited as an NGO observer to the World Summit for Children later this week. The thoughts I have to share this morning are from this work experience with PVOs and from by participation on the boards international agencies.

A Framework For Global Planning

The changing political scene in Eastern Europe broke up the global paradigm in existence for over forty years. It suggested to many the emergence of a new world order. It is my impression that the Middle East crisis as the first international crisis since the change in superpower relationships offers us an opportunity to see what might be the nature of a new world order.

The Middle East crisis has offered the opportunity for the unfolding of a new set of doomsday scenarios by the doomsayers of the world. These scenarios run the gamut from the economic to the religious. One of these is the economic which suggests that

the next global depression will be triggered by soaring oil prices. Another is the possibility of a war which would engulf the Middle East in a holocaust caused by the use of a host of weapons including nuclear and chemical warfare. And yet another is the suggestion that the situation will unleash historically rooted tensions between the West and the Arab nations causing a holy Jihad.

Some elements of each of these may bear a resemblance to reality as it unfolds. But there are elements in the global activities going on which suggest that we are approaching a new style or new order in dealing with international crises.

Element #1: The role of the United Nations has risen to a much more significant level as an arena for crisis management. Due attention and respect is being paid to decisions of the U.N. and to the use of the U.N. as an arena for joint decision-making. There may be emerging a form of commitment to a group process which recognizes that crisis management is based on a commonly shared concept of collective security. The United Nations should be the global forum in which the group process can take place.

Element #2: The role of the U.S. in international development is changing. We are no longer number One. But not much will be accomplished without U.S. leadership. There must take place the rapid reconceptualization of a post cold war foreign policy in order that progress be made on the human issues agenda.

Element #3: The situation in the Middle East is forcing a re-examination of the previously unrestrained evolution of technological and exotic weaponry. Superweapons bearing a mystical

dimension of threat, such as poison gases and long range cannons, are coming under more realistic, critical examination. Weapons systems designed or on the drawing boards are proving ill-suited to the nature of more limited zones of conflict. War-making and the weapons of war have to be reconceptualized. This may add a bonus to the Peace Dividend available in the 1990s.

Element #4: Collective peacekeeping means cost sharing. The Middle East crisis is involving many nations in various forms of support. This collective participation in support of a common goal may make attempts to deal with humanitarian issues more successful in the 1990s.

Element #5: The group process of building collective security is tempering the extremes and constraining radical actions. There is a place and role for moderates. The global impact of media is bringing to view perspectives on issues by less visible or influential partners which would have been hastily overlooked or ignored in the past. This suggests that there is a leveling out of the use of power at the international level. It does not mean that the smaller nations have any more power, but they are having an influence, collectively, that they have not had before. This could auger well in the 1990s for a more just consideration being given to ethnic minorities and to Least Developed Countries which might have been written off before.

Element #6: The plight of the international workers caught in the conflict has been seen by the world and forms of response are being considered. The United Nations has to deal with an internal dilemma. It has created a blockade to strangulate the international trade of a nation. At the same time, it has affirmed

the Geneva Conventions prohibiting blockades affecting civilian populations. In addition, the plight of the workers has been seen to extend beyond their immediate needs to include the loss of income to the families back home. The broader perception of need, immediate and distant, suggests a more appropriate consideration is being given to aid which goes beyond the bandaid approach of the past. In the more complex, interrelated world of the 1990s, this suggests that the popular perceptions of assistance to the afflicted is also growing. A "cause and effect" understanding is being added to assistance.

If these elements become institutionalized into basic elements in the way in which the nations of the world treat one another, then, we may be at the dawn of a period of a new world order which is more committed to a common understanding of global security, more participatory in its decision-making, more constrained in its excesses, more considerate of the afflicted, and demonstrating a greater understanding of the conditions affecting human development.

Goals for the Year 2000

The human condition has been analyzed and studied by a wide range of groups and organizations. Some of the most noteworthy and widely accepted are those done by the specialized agencies of the United Nations. All of these prescribe future oriented solutions aimed at the year 2000. The Universal Childhood Security Act of 1990 which the Chair of this Committee has introduced, brings together in an orderly fashion, the goals and target establised by the several U.N. agencies.

The World Bank

The World Bank Report entitled "Poverty" states: "One of the most pressing issues of the 1990s is to reduce world poverty. The figures are staggering and shameful: more than 1 billion people in the developing world live in poverty. This means that at least 20 percent of the world's population live on less than $370 a year, afflicted by disease, illiteracy and lack of opportunity.

The World Bank's thirteenth annual report is dedicated to an exhaustive study of the "poorest of the world's poor". It states that poverty is spread unevenly among countries. Nearly half of the world's poor live in South Asia, a region which accounts for 30% of the world's population. Sub-Saharan Africa has a smaller but still highly disproportionate share of global poverty. The weight of poverty, the report indicates, falls more heavily on women and children.

The report suggests that the number of poor people could drop by 300 million by the end of this decade if the world community adopted development policies which promoted two elements:

- the productive use of the poor's most abundant asset - labor;
- the provision of basic social services to the poor - health, education and nutrition.

What harms poor countries harms the poorest of the poor. The report focuses on three factors which affect poor nations and the poor: trade barriers harm the poor; severely indebted low-income countries struggling under a debt burden impact the poor; aid

more tightly linked to a country's effort to reduce poverty would shift the focus to critical areas.

The most startling aspect of the report is not the information provided in the report, but the fact that the World Bank has given this highly visible focus to poverty.

The United Nations Development Programme

This report and the World Bank report share a common conclusion: women suffer the effects of poverty far more than men do. Poor rural women are the most deprived people in the world. They are sicker, more illiterate than men and lack opportunities males have to better themselves.

The UNDP report finds:

- female children in developing countries get less food, health care and education;

- adult women get less education, professional training and compensation for longer hours worked than men;

- the risk of death for the expectant mother in some developing countries is 50 times that in industrialized countries;

- the female literacy rate for the developing world is now three quarters that of the male;

- much of the work that women do remains invisible, not revealed in national accounting and censuses. Women work 25% longer hours than men and much of their work is unpaid.

About a half million women, 99 percent of them in the developing world, die in childbirth each year. The geographic distribution is:

- 140,000 in Sub-Saharan Africa;

- 308,000 in Asia;
- 34,000 in Latin America;
- 6,000 in developed countries.

The remedy would be the improvement of family planning information and services to women to enable them to time and space pregnancies. "In many countries, 25-40% of maternal deaths could be averted by avoiding unwanted pregnancies."

One of the most significant dimensions of the UNDP report is its focus. It is called "Human Development Report 1990". It provides a ranking of 130 countries by a new measurement of growth called the human development index which is based on three essentials to human life - longevity, knowledge and decent living conditions. These factors are measured by life expectancy, adult literacy and real income adjusted for purchasing power. The HDI focuses on how economic growth translates into human well-being. The HDI indicates how economic growth alone does not translate into greater human development for the majority of people. It appears to be a successful attempt to combine economic and social indicators as a measurement of human development.

Another important contribution of the report is the stress placed on human freedom and democracy as measurements of development. "Human development denotes both the process of widening people's choices and the level of their achieved well-being." Democracy is the process of enlarging people's choices.

The report has both a positive and negative dimension to it.

On the side of progress:

- development has worked;
- developing countries have reduced their average infant

mortality rates in 35 years to levels which the developed countries had taken 100 years to accomplish;

- life expectancy at birth rose from 46 years in 1960 to 62 years in 1987;

- the adult literacy rate increased from 34 per cent in 1970 to 60 per cent in 1985.

On the negative side:

- 1 billion people live in absolute poverty;
- 900 million people cannot read or write;
- more than 1.75 billion people without safe drinking water;
- 100 million people completely homeless;
- 800 million persons hungry every day;
- 150 million malnourished children under the age of five;
- 14 million children die before the age of five;
- 1.5 billion persons without primary health care.

The growing availability of measurements such as the HDI means that we will become increasingly aware of the disparities and shortcomings in our societies and will be able to more effectively target our limited resources to the most critical needs where the consequences will be the greatest.

The Economic Commission for Africa

The "Economic Report on Africa - 1990", released in May, indicates that there was a modest upturn in the continent's economic conditions in 1989 due to a surge in agricultural output and higher oil and mineral export earnings. Africa's share of the global trade fell from 4.7 per cent in 1980 to 2.1 percent in 1989. Inflation rates remain high. Per capita consumption has

fallen by 11 per cent with far reaching consequences for living standards and the quality of life.

The World Bank states that family planning services are vital for poverty reduction, especially where a high population growth rate - such as 3-4 per cent in Sub-Saharan Africa - depresses per capita income and results in low wages and growing poverty.

The World Bank forecasts that some 256 million people, or 43.1 per cent of the population of Africa, south of the Sahara, will live in poverty by the year 2000. In 1985 the figure was 180 million (46.8 per cent). "By the end of the century, Sub-Saharan Africa will account for more than 30 per cent of the developing world's poor, as against 16 per cent in 1985."

A massive effort will be needed to increase the gross domestic product to 5.5 per cent a year; improve technologies and incentives in the agricultural sector; increase allocations to primary education, health care, nutrition and family planning.

Second U.N. Conference on the LDCs

The forty-two LDCs have a per capita income of just $227 a year (which compares with $921 for the rest of the developing countries and with $15,610 in the developed countries) and one of seven children dies before the age of two. Of these forty-two, twenty-eight of them are in Africa. The oil crisis alone adds to the economic woes of these countries - $30 a barrel oil would increase the import bill of these countries by $1.6 billion next year.

In the 1980's, economic growth in the LDCs averaged 2.3 per cent a year while the population grew by 2.6 per cent a year. This

meant that per capita income fell by 9/10ths of one per cent a year for the poorest nations of the world.

In 1981, there were thirty-one countries officially described by the United Nations as Least Developed Countries. Today there are forty-two. The gap between them and the other developing countries continues to grow. Some feel that unless drastic steps are taken, there will develop a permanent underclass of nations which demonstrate chronic poverty conditions.

Last year, the industrialized world gave the LDCs about $12 billion in aid. To raise the economic growth rate to the 5 per cent projected would require an annual aid package of $36 billion a year. The desired outcome of the conference to set goals for aid levels was not agreed to but left that each donor nation increase its aid without setting a specific target.

The World Health Organization

Dr. Hiroshi Nakajima, Director-General of WHO, told the assembly that "in spite of overall technological and economic progress, especially in the developed countries, for the majority of the population in many developing countries, the basic conditions for health, socioeconomic development and daily living remain unacceptable....(people in developing countries) still carry the double burden of having to cope with infectious diseases, while facing many of the degenerative diseases previously associated with development."

Mr. Mugabe, President of Zimbabwe, addressed the assembly. He stressed that health interventions emphasizing the primary health care philosophy will not lead to significant health development

if issues like persistence of mass poverty and hunger, rampant population growth, environmental degradation and agricultural neglect are not simultaneously addressed. WHO has set goals and designed programs for its efforts to reach "Health for All by 2000."

WHO has updated its previous estimate of the number of persons currently infected with HIV from 6 to 8 million to 8 to 10 million persons worldwide. The approximate number of persons infected with HIV in Sub-Saharan Africa has doubled from 2.5 million in 1987 to about 5 million today. It is likely that one in forty adult men and women in Sub-Saharan Africa are infected with HIV. In Asia, the total number of HIV infected persons has risen from virtually zero two years ago to an estimated 500,000.

During the 1980's, the HIV/AIDS pandemic caused an estimated 500,000 cases of AIDS in women and children. During the 1990's, WHO expects that an additional 3 million women and children will die from AIDS - a substantial increase.

About five years ago half of the world's known HIV infections were in the developed countries, primarily the United States. New estimates show that two-thirds of the cases are in the developing world. In ten years, at least three quarters of infections will occur in developing countries. The consequences of this shift will be dire. Child mortality rates, which have been declining for decades are now beginning to rise. In addition, WHO estimates that, during the 1990's, more than 10 million uninfected children will be orphaned because their mothers and fathers will have died of AIDS. By the year 1992, about 4

million infants will have been born to women who are infected with the AIDS virus. Nearly a million of the babies themselves will be HIV infected. Infant and child mortality rates could be as much as 30 percent higher than expected, the study reported.

The Summit For Children

The Summit for Children, scheduled for September portends to be the largest Summit ever held. Over 78 heads of state have indicated an intention to attend, including Bush and Gorbachev. Drafts of the Declaration and Plan of Action have been circulated by the Planning Committee of representatives of 22 countries. The NGOs have had an opportunity to provide their reactions to the documents through the Executive Board of UNICEF which met on September 6-7th.

Mr. James Grant, Executive Director of UNICEF, speaking at the World Conference on Religion and Peace said, "Yesterday and every day in this past week, despite the progress of recent years, some 7,000 children died yesterday from measles, tetanus and diphtheria because they were not immunized with one dollar's worth of vaccine. Another 7,000 children died because their parents did not know how to apply the simple sugar, salt and water remedy, costing only a few cents, to combat the dehydration from diarrhea. Another 7,000 died from respiratory infections because of lack of easy use of one dollar's worth of antibiotics. And, finally, more than 1,000 children became blind yesterday because of a lack of ten cents worth of vitamin A. Why is there not more moral outrage at this daily harvest of our youngest and most vulnerable?"

The NGO community has high hopes that the Summit will begin to mobilize the political will necessary to provide an alternate future to the one that is currently projected for the year 2000 and beyond. About ninety NGO observers have been invited to the Summit.

U.N. Population Division Report

In its revised report for 1990, the U.N. Population Division estimates the world population to be 5.3 billion, with 92 million people added during 1990. By the year 2025, the total population will have increased 60 per cent to 8.5 billion. In more developed regions, population increased by 45 per cent between 1950 and 1990, in less developed regions it increased by 143 per cent.

Global Outlook 2000

This study is an update of a previous study requested by the General Assembly of the United Nations. It draws on research and statistics from many parts of the U.N. system. Its purpose is to review and assess ongoing changes in global economic and social conditions and the outlook for the 1990's. To be involved in effective development programs which have as their purpose the improvement of the human condition requires a monitoring of long term trends with a view to interacting with them to produce more positive outcomes.

Are the Goals Attainable?

Usually realistic goals are attainable if two conditions are met:

- adequate resources are provided to do the task;
- the organizing has been done to manage the task.

Many of us believe that the potential for the resources being available is a realistic expectation. Sources to accomplish the task should or could be available from:

- a broader base of donor countries - Japan is now the major aid donor; the European Community has been increasing its role in international development; and new donor countries will be emerging - Eastern European countries will soon become donors. Many economists are suggesting that the world is rapidly moving toward having three economic loci - Europe (the European Community), North America and Japan;

- a significant peace dividend should be coming available - this would represent a reduction in military expenditures throughout the developed world;

- Third World countries should be cutting back on military expenditures which should free up resources locally.

PVO Mobilization for the Response

The Private Voluntary Organizations have been moving through a process of global re-adjustment in their relationships which is posturing them well for new forms of mobilization to accomplish global goals. Some of the new forms of mobilization to accomplish the task are:

- world alliances of organizational families:

Many of the older American PVOs have been developing world families of organizations which they have started. These are: CARE International, based in Paris; the International Save the Children Alliance, based in Geneva; Plan International (formerly Foster Parents Plan), based in Rhode Island; and Christian

Children's Fund, Inc. based in Richmond, my own organization; to name a few. These organizational families have many member organizations, as in the instance of CCF, which has twelve national members - mostly developed nations, such as Australia, Canada, Denmark, France, Germany, Great Britain, Hong Kong, Japan, Korea, New Zealand, and Taiwan. These international alliances provide multiple funding sources and allow organizations to respond to complex political situations out of different cultural backgrounds with a wide diversity of skills;

- consortium of similar and dissimilar organizations:

The diversity needed to accomplish some of the tasks is not always found within one organization, regardless of the fact that it is a world alliance. This organizational style brings together PVOs which may be small, single-focused agencies with one major technological capability and large multifunctional agencies which have more of a generalist approach. Consortia are developing which are crossing over traditional areas of skills bringing together PVOs which are developmental with those which are environmental and those whose major focus has been population dynamics and demographics. There is at least one consortium which joins PVOs with universities and academic institutions blending in an harmonious working relationship the grassroots village development agency with the interdisciplinary research approach of the university.

- regional NGOs, both international and indigenous:

On every continent in the last five years there has come into being a regional umbrella organization for PVOs. The phenomenon

of the appearance of indigenous NGOs in Africa, Asia and Latin America has meant that there has been a desire to form liaisons with one another to find resources and for information sharing. FAVDO, the African regional structure for NGOs has been growing in size and strength. International PVOs are increasingly sensitive to the role FAVDO plays on behalf of indigenous African PVOs.

- The NGO Committees of the Specialized Agencies of the UN: In the last few years, almost every U.N. agency has created a role for NGOs interested in the work of that agency. In many cases this has meant some form of NGO staff liaison office and special services, such as briefings and recognition at the agency's annual meeting. UNICEF has the most developed role and relationship with NGOs of all of the UN agencies but others have come to recognize the importance and influence of the NGOs. On the other hand, the NGO community finds it valuable to be be linked with a global organization which has government recognition and a mandate similar to its own. The relationship is proving to be mutually beneficial and will continue to expand over the next few years.

In summary, it is my conviction that enough analysis of the problemmatic has been done. We have clearly enough defined goals to determine the direct of our task for several years. Resources allocation and mobilization are the next steps to be accomplished. I believe that the international organizations are well along in the task of bringing into being the relational structures to provide the means of meeting the goals. Resource allocation is the missing piece.

Prepared Statement of President Jimmy Carter

Around the world I have seen the faces of the chronically malnourished men, women and children of the developing world. Most of these people have not been famine victims or even the victims of conflict. They have been people who simply cannot earn enough money to feed themselves and their families; they are hungry because they are poor. They may number one billion and their plight contributes not only to a reduced quality of life, but also to reductions in productivity, increased morbidity and increased mortality. The victims of hunger lead lives of constant worry. Debilitated by chronic malnutrition, prey to infectious diseases, energy deficient, they find themselves unable to meet their household food needs, making the cycle even more desperate.

Others earn enough money to buy food, only to find that there is none to purchase. In most countries of the developing world, families spend more than half, and sometimes as much as ninety percent, of their income on food alone. They rarely have access to credit to purchase agricultural inputs such as fertilizer and seed. The food crops they can produce are often inadequate to a balanced human diet and usually cannot be stored properly against pests and weather. And even if a farm family manages to produce a surplus, often that surplus cannot be sold because potential buyers do not exist, the foodstuff can not legally be transported out of their district to a food-deficient one, or there is no transport available. Consequently, we find in many countries regions enjoying a surplus of food while in other regions within the same country people starve. We must struggle to remember that hunger is not caused by inadequate production: world food production far exceeds the demand for food. It is poverty and the inefficient and inadequate distribution of food that causes hunger, making it unavailable or disproportionately expensive to the average citizen of a developing nation. Added to this is the impact of disease which reduces productivity but also wastes ingested calories because of fever and diarrhea.

A world in which this occurs is a bleak reality. Despite this, I have seen time and again promise for the hungry. The World Bank, UNICEF, UNDP, IFAD, AID and hundreds of private development organizations demonstrate the commitment of individuals, compassionate and intelligent men and women, who are working desperate-

ly to eradicate the conditions that breed hunger. In 1988 the ten member countries of the Southern African Development Coordination Conference achieved economic growth that outstripped population growth for the first time in fifteen years. The liberal international climate and the resonant global drive for democracy are reflected in a willingness by the governments of many developing countries to implement political, social and economic reform which will nurture food security.

Can hunger be reduced, then eliminated, as the Bellagio Declaration asserts? Yes, it can. There are no technical barriers which prevent an end to hunger today. The world -- and I mean both the developed and the developing -- has the technology, the human resources and the environmental capacity to eliminate chronic malnutrition. A sound environment can be maintained while resources are capably exploited to yield adequate supplies of food for every man, woman and child on this planet. Transferring the means of production -- extension services, training, credit -- to poor, small farmers; eliminating diseases which limit economic productivity; environmental awareness; the recognition of the vital role of women in development, particularly in Africa; holding population growth in balance with food production increases -- these solutions have been widely articulated and, more and more, recognized as the basic strategy for food security.

What are the obstacles, then? The obstacles are the lack of political will and popular conviction that hunger can be eradicated. The obstacles are resource allocation priorities that fail to provide the dollars required to inoculate children against deadly disease or the few pennies to prevent blindness as a result of vitamin A deficiency.

Yet the world is changing so rapidly today that we can now hope the pace of change will overcome the source of hunger. Glasnost has shredded the Iron Curtain. And a tidal wave of economic reform is breaking across the dry lands of Sub-Saharan Africa. Many ancient and dreadful diseases have been -- or are about to be -- eradicated or brought under control: smallpox, Guinea worm, river blindness, and polio. India, which has historically suffered cyclical famine, now accumulates a grain surplus. And the political and social forces which have lain dormant are being roused. We have an immediate example of this in the World Summit for Children held recently in New York.

Last year's Bellagio Declaration was not merely wishful thinking. It was a well thought out assessment of the realities of our world today. Taking a level look at the daunting obstacles to food security around the world, and evaluating the possibilities and resources available, the participants of that conference sent out a challenge to all of us to listen to what they had to say, and to act. What has to be done is simple: the right political decisions -- morally and humanly right -- have to be made. And then not only can famine deaths be prevented but giant strides

can be taken to prevent this most basic of all human afflictions, chronic hunger.

The impatience of the directors and managers of nonprofit and voluntary development organizations, of missionaries in the field, of volunteers in government-sponsored relief programs, and of political leaders such as the supporters of the UNICEF summit, provide new hope. The participants at the Bellagio Conference spoke for all these people.

We are the Carter Center are pleased to add our endorsement and our support to the Bellagio Declaration.

[From the New York Times, Sept. 23, 1990]

A Summit for Children

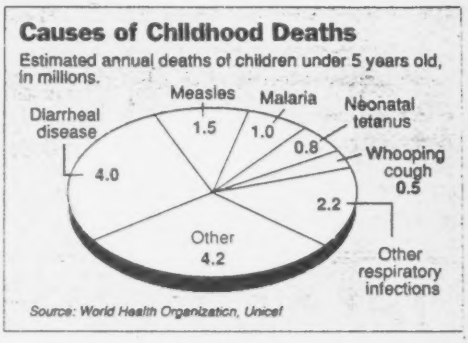
Summit meetings have come to mean a gathering of superpowers to discuss their military and political agendas. A wholly different but still vitally important summit meeting will be held this week when more than 70 heads of state come together at the United Nations in an effort to save the world's most neglected resource: children.

The World Summit for Children aims to commit national leaders to meet the health, education and other needs of children in the next decade. And President Bush can play a key role.

Every day, about 40,000 children die from preventable diseases like measles, whooping cough, tetanus, pneumonia and diarrheal dehydration. Even if children survive these threats, they may later be exposed to hazardous working conditions arising from ineffective or nonexistent child labor laws. And an inadequate education may doom them to lifelong illiteracy.

With a little money and attention, many of these problems could be remedied. Sachets of oral rehydration salts cost about 10 cents each; vaccines to fully immunize a child cost about $1.50. The United Nations Children's Fund (Unicef) estimates that most of the world's children could be saved from death and malnutrition at a cost of $2.5 billion a year. And universal primary education could be achieved for an additional $5 billion each year.

It's up to the wealthier nations to lead the campaign. Mr. Bush could pledge an additional $300 million a year for the next decade to fight disease and hunger — about one-eighth of the total needed for that purpose. That's a large sum, given the oppressive Federal budget deficit; but it's in line with America's historical share of global aid to developing countries.



Mr. Bush could also show that he means business by attending to America's own unfinished agenda of children's issues, like reducing the infant mortality rate and expanding Head Start.

Dramatic political changes around the world now make it possible for children to have a "first call" on the attention and resources of world leaders. By insuring that their smallest constituents enjoy healthier, happier lives, these leaders can help insure a brighter world future.

Congress of the United States

House of Representatives

Washington, DC 20515

WORLD SUMMIT FOR CHILDREN

September 14, 1990

Dear Colleague:

The world's attention will be focused on children this fall for the World Summit for Children to be held September 29 and 30 at the United Nations. President George Bush will attend, along with the U.N. Secretary General and 77 heads of state from Albania to Zimbabwe. We urge you to make every effort to bring this important and historic event to the attention of your constituents.

Two days of meetings, speeches, and planning in New York City will not save the 40,000 children that die every day in the world due to hunger and hunger-related diseases, but the publicity that the Summit will give to the efforts to save these children and improve their lives may prove to be invaluable.

Since its inception in 1984, the House Select Committee on Hunger has supported child survival activities. Chairman Tony Hall and members of the Hunger Committee on Wednesday introduced legislation, the "Universal Childhood Security Act," to strengthen and expand those programs here in the U.S. and throughout the world. We urge you to support that effort.

We recommend the article on the reverse side of this letter for your information. If you would like to know more about the Summit, please contact any one of us or the staff of the Select Committee on Hunger.

Sincerely,

BILL EMERSON, M.C.

BYRON DORGAN, M.C.

TIMOTHY PENNY, M.C.

LEON PANETTA, M.C.

DOUG BEREUTER, M.C.

GARY ACKERMAN, M.C.

BENJAMIN GILMAN, M.C.

[From the Washington Post, Aug. 23, 1990]

MARY McGRORY

A World Summit Long Overdue

For two days this fall, come what may, some 70 world leaders will sit down at the United Nations and talk about breast-feeding, diaper rash and fundamentals like that. The tension in the Middle East has made the World Summit for Children more desirable to officials who previously didn't seem particularly moved by the fact that 40,000 children die every day of preventable diseases and malnutrition.

George Bush and Mikhail Gorbachev, both of whom have spoken of the moral dimensions of the tragedy, are expected to attend and to speak. Saddam Hussein offered to send his health minister, but was turned down—only heads of state need apply. Benazir Bhutto, decanted from her job as prime minister of Pakistan on Aug. 6, has also lost her job as co-chair (with Canada's Brian Mulroney) of the summit, but the show will go on. Moussa Traore of Mali will take her place.

The chance of bilateral chats with heads of state at a time of a threatened war has proven irresistible, and some 10 countries who expressed no previous interest have signed up in the last two weeks. By Sept. 29, the day the summit is convened, the question of war or peace in the Middle East will probably be answered. If it's war, the summit becomes more urgent. Among the millions of refugees to be generated, children are the most vulnerable.

Can the two-day session be something more than a mega-photo opportunity/traffic jam? Will informal negotiations on other questions considered more pressing by the delegates overwhelm the small subjects of the conference? Coordinator Michael Shower thinks it will. Many countries, including the United States, are planning to use the summit as a way to lever health care reforms at home. Planning meetings are being held all over the world. In India, for instance, conferences and seminars about specific health problems to be raised at the summit are taking place in every state. The city of Baltimore is observing the onset of the summit with a major vaccination program.

An organization called World Summit for Children Candlelight Vigil is planning a series of rallies nearer the time of the meeting to focus public attention on the scandalous neglect and abuse of little children.

And Rep. Tony Hall (D-Ohio) is planning to introduce a bill that will ensure that more than hot air will emanate from Turtle Bay. He will offer a bill that would pay the U.S. share of a U.N. effort to distribute food and immunization that should reduce by a third the 15 million annual death rate of children under 5. He would also use some of the initial $275 million appropriation for the WIC (supplemental food for women, infants and children) program, which currently serves just half of its eligible constituency.

Hall makes the argument that if 40,000 children are dying every day, cost should not be the first consideration, even in these days of deficits and Gramm-Rudman-Hollings. And to be practical, preventive health measures save money. It is much cheaper to feed the baby during the mother's pregnancy. The WIC program costs approximately $10 per week per mother. It costs $1,400 a week to keep a low-weight baby in the neo-natal ward. Between 1987 and 1988 in the District, the infant mortality rate rose from 19.6 to 23.2 per thousand, a mortifying statistic for the capital of the world's most developed industrial nation.

Things are even worse in developing countries. In the UNICEF report, which precipitated the children's summit, UNICEF Executive Director James P. Grant writes, "It is the greatest condemnation of our times that more than a quarter of a million small children should still be dying every week of easily preventable illness and malnutrition . . . . Such facts shame and diminish us all."

What maddens health professionals is that the cost of preventing tragedy is so trifling. Take diarrheal dehydration, which kills almost 7,000 babies a day. It can be cured by packet of proteins and salt that costs 10 cents. Consider breast-feeding. It costs nothing, and it is the finest nutrition the baby could have. But health workers are not sufficiently trained to extol its virtues, and too many Third World mothers turn to formula feeding, which might not be fatal if there were clean water to mix it with.

These matters will be discussed by the most important people in the world. The sessions will open with a film showing the sad state of these most vulnerable beings. They will close with a long overdue Declaration of Children's Rights, to be read to the assemblage by children.